

**MEDICAL AUTHORIZATION AND RELEASE
(Long Form)**

I, _____, the parent of or legal guardian of _____, a minor, do hereby authorize any one or more adult members of New Journey Ministries, Inc. d/b/a New Journey Fellowship ("NJJF"), in whose care the minor has been entrusted, as agents for myself in my absence or incapacitation to consent to any x-ray examination and anesthetic, medical, surgical, or dental diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital or out patient clinic, whether or not such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and/or dental services rendered, including emergency medical transportation, to the aforementioned child pursuant to this authorization.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his or her best judgement may deem advisable.

I hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the above-named agents upon the completion of treatment.

These authorizations shall remain effective until December 31st, 2009.

Is there any medical condition that should be called to NJF's attention? Yes No

Please note any specific health problems or needs, health plan or insurance information such as membership or policy numbers, and emergency information on the back of this form.

Copies of this form, duly executed, should be in the possession of the named minor; at least one adult named in the document and present at the event; and the parent or guardian executing the Medical Authorization. A duly executed copy of this form shall have the same force and effect as the original.

In consideration of the activity or event my minor child is participating in, I hereby represent and warrant that my minor child is fully, physically, and medically capable of partaking in same and that accidents and/or injuries caused by other individuals may occur. It is my consent on behalf of my minor child to acknowledge and assume such possibility and I/we hereby release and forever discharge NJF, its officers, agents, employees, representatives, and any other persons connected with such event or activity from all claims, damages, injuries, medical treatment expenses, and causes of action that may arise from the event or activity.

Dated this ___ day of _____, 200__.

Signature of Parent or Legal Guardian

SPECIAL MEDICAL CONDITIONS OR NEEDS:

List any unusual health history or allergies: _____

Date of Last Tetanus Toxoid: ____/____/____

Other medical conditions or needs:

HEALTH CARE PROVIDER INFORMATION:

NAME OF INSURANCE COMPANY: _____
GROUP OR POLICY NUMBER: _____
CLAIMS PHONE NUMBER: _____

EMERGENCY INFORMATION:

Home Address: _____
Father: _____ Phone # Home: _____ Work: _____
Mother: _____ Phone # Home: _____ Work: _____
Legal Guardian: _____ Phone # Home: _____ Work: _____
Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Medical Insurance: _____ Policy Number: _____

STATE OF FLORIDA §
§
COUNTY OF PINELLAS §

BE IT KNOWN, that on the ____ day of _____, 200__, before me, the undersigned notary in and for the State of Florida, duly commissioned and sworn, dwelling in the county of Pinellas, personally came and appeared _____, to me personally known or who produced valid identification, and being the same person described in and who executed and acknowledged the within medical authorization and release to be his/her act and deed.

Notary Public