



# *Anchor House Ministries, Inc.*

PO Box 625  
Auburndale FL 33823-0625

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## **PART II**

### **Consents and Agreements**



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## **PHOTOGRAPHIC RELEASE**

Date: \_\_\_\_\_

Parent / Guardian Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (we) hereby  AGREE /  DO NOT AGREE and consent to the use of activity and group photographs of (print child's name) \_\_\_\_\_ for advertising and publicity purposes by Anchor House Ministries, Inc. and its affiliates. I waive all claims for any compensation for such use.

\_\_\_\_\_  
Signature of Parent / Guardian



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## RELIGIOUS CONSENT

Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

I/we hereby CONSENT / DO NOT CONSENT and give permission to Anchor House to include

\_\_\_\_\_ in your religious activities.  
RESIDENT

I understand that the following represents the Anchor House Statement of Faith:

We believe:

The inspiration of the Bible, equally in all parts and without error in its origin.

The one God, eternally existent Father, Son, and Holy Spirit, who created man by a direct immediate act.

The pre-existence, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to Heaven, and the second coming of the Lord Jesus Christ.

The fall of man, the need of regeneration by the operation of the Holy Spirit on the basis of grace alone, and the resurrection of all to life or damnation;

The spiritual relationship of all believers in the Lord Jesus Christ, living a life of righteous works, separated from the world, witnessing of His saving grace through the ministry of the Holy Spirit.

One of our goals is to have a sponsor to take your child, \_\_\_\_\_ to go to the  
(resident's name)

church of his choice. I agree that, until such time as a sponsor can be found to take my child to the church of his choice, he will attend religious services each Sunday at the place of worship determined by Anchor House Ministries.

Family religious preference is \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_



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## LETTER OF INTENT

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ SS# \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_

Parent(s)/Guardian/ name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

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I, \_\_\_\_\_ having been fully informed and advised that ANCHOR HOUSE MINISTRIES, INC. is not a licensed hospital or clinic, and having been advised of the commonly employed treatment and rehabilitative methods used by this organization understand that it is, never the less, engaged in the function of treatment and rehabilitation of children in need of parental role supervision, and hereby consent treatment and/or rehabilitation by ANCHOR HOUSE MINISTRIES, INC., and/or its authorized representatives, and hereby release it and them and agree to hold it and them free and harmless from any claims, suits or damages, for any injuries or complications whatever, which may result from this treatment and/or rehabilitation.

I HAVE READ THE RULES AND REGULATIONS AND AGREE TO COMPLY IN EVERY RESPECT.

\_\_\_\_\_  
Signature of Parent(s)/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Print name

Name and address of organizational service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date



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## AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_

\_\_\_\_\_  
(Name of Hospital, Individual or Agency) (Address)

To secure/release information contained in the record of \_\_\_\_\_

From / to \_\_\_\_\_  
(Name of Hospital, Individual, School, or Agency) (Address and phone #)

I understand that the specific reports disclosed with include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian/ Signature

Date: \_\_\_\_\_



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## CONSENT FOR TREATMENT AND SCHOOL ACTIVITIES

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

To Whom It May Concern:

Please be advised that, Under Section 409.176, Florida Statutes, Anchor House Ministries, Inc. is a licensed residential Type II Child Caring facility, and is authorized to obtain routine medical care, but not invasive procedures such as those which require puncture of the skin (other than external observations), psychiatric, Psychological Assessments, or any other Mental Health Assessments, and to perform all routine parental responsibilities, *including any action necessary for school enrollment and consent for school activities.*

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Insurance/Medicaid #: \_\_\_\_\_

If you need any further information, please contact:

Parent name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Signatures

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**AND**

\_\_\_\_\_  
Anchor House Administrative Director  
Phone #: (863) 665-1916