

LINC-Houston

AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE FOR PARTICIPANTS UNDER 21 YEARS OF AGE.

(I) (We), the undersigned parent(s) and/or natural guardian(s) of _____ (ss#: _____), a minor, do hereby authorize my child's Servant Event youth leader (and/or any other adult appointed or designated by him/her) to (1) consent to medical, surgical, and dental care for such minor child, (2) consent to any diagnostic tests, medical, surgical or dental procedure or treatment including blood transfusion as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child, and (3) on (my) (our) behalf, to (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child, (b) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and (c) sign all necessary consent and authorizations.

It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical or dental care being required but is given to provide authority to obtain such care if it should be required.

I fully understand the consequences of the foregoing statements and sign this authorization to consent to medical and dental care knowingly, freely and willingly.

(Your signature must appear below or your child will not be permitted to attend the Servant Event.)

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

IN WITNESS WHEREOF, (I) (WE) have executed this "Authorization to Consent to Medical and Dental Care" this _____ day of _____.

Parent/Legal Guardian _____

SEAL:

Notary: