

South Texas Youth Ministries PK RETREAT February 24-26

MEDICAL AUTHORIZATION

I authorize an adult, in whose care my minor child has been entrusted, to consent to an X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to my minor child under the general or special supervision and on the advice of a physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my minor child.

Should it be necessary for my minor child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I also give permission for my minor child to ride in any vehicle designated by the adult in whose care my minor child has been entrusted while attending and participating in activities.

I expressly agree that this release, waiver, indemnify agreement and medical authorization is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that, if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ THE ABOVE RELEASE, WAIVER, INDEMNITY AGREEMENT, AND MEDICAL AUTHORIZATION AND FULLY UNDERSTAND AND AGREE TO ITS CONTENT. I AM THE PARENT AND/OR LEGAL GUARDIAN OF _____ AND I AM SIGNING THIS OF MY OWN FREE WILL.

Insurance Company

Insurance Policy/Group Number

Emergency Phone Number

Emergency Phone Number

Parent/Legal Guardian's Signature Date

Parent/Legal Guardian's Signature Date

Printed Name

Printed Name