



# Denton Bible Church

## Authorization to Consent to Treatment of Minor

Participant Name \_\_\_\_\_

Description of event activity \_\_\_\_\_

\_\_\_\_\_

### Medical Information

Does participant require: (A) **Epipen** Yes  No  (B) **Inhaler** Yes  No

Allergies (including drugs) \_\_\_\_\_

Last Tetanus shot \_\_\_\_\_

Please list any medications, including over the counter drugs, to be taken by participant and frequency:

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

Please identify any other special instructions or information:

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

### Parent/ Guardian Information

Name \_\_\_\_\_ Work phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Emergency contact (other than self) \_\_\_\_\_

Relationship \_\_\_\_\_ Work phone \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I, \_\_\_\_\_, am the [parent/guardian/managing conservator] of \_\_\_\_\_, a minor child, and have the power to consent to medical treatment for him/her. I authorize and appoint \_\_\_\_\_ [an employee of Denton Bible Church] as my agent to consent to medical treatment of the minor when I cannot be contacted to so consent, such medical treatment to include, without limitation, X-ray examination; anesthetic treatment; medical, dental, or surgical examination or treatment; and general hospital care. No prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization.

I request that in my absence the above-named participant be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, and operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named participant.

I release Denton Bible Church, its staff and volunteers from claim or liability due to sickness or injury. I accept all financial responsibilities concerning any medical expenses. I understand that the participant is responsible for his or her own conduct and is aware and agrees to abide by Church standards, safety rules and instructions.

I will indemnify and hold harmless from any expense or claim of any nature any entity that provides or causes to be provided examination, treatment, or hospital care under this authorization (except to the extent such entity is grossly negligent therein) and conditionally agree to make or cause to be made, by assignment of third-party benefits or otherwise, full and complete payment for such examination, treatment, or hospital care.

Any and all claims or disputes arising from or related to this AUTHORIZATION, other than a claim for injunctive relief, shall first be submitted to mediation in Denton County, Texas with a panel of one (1) mediator, and if not resolved by mediation, then by binding arbitration in Denton County, Texas, with a panel of one (1) arbitrator under, and in accordance with, the then governing rules of The Institute for Christian Conciliation. In the event that the Institute for Christian Conciliation ceases to exist during the course of this agreement, arbitration under this section shall be conducted according to the rules of the American Arbitration Association. Judgment upon an arbitration award may be entered in the District Court for the County of Denton, Texas. Each party shall bear their own costs related to any mediation or arbitration proceeding.

\_\_\_\_\_  
Signature

Signed on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Printed Name of parent/guardian/managing conservator

Childs name:

Birth date:

\_\_\_\_\_

THE STATE OF TEXAS

COUNTY OF DENTON

BEFORE ME, the undersigned Notary Public, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and considerations therein expressed and in the capacity therein stated.

WITNESS MY HAND and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public, State of Texas

Signature: \_\_\_\_\_