



Consent of Treatment

I, _____, as the Team Member, so hereby authorize **h.o.w? Ministry** acting as my Agent, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable by and is rendered under general or specific supervision of any licensed physician or surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care which the above mentioned physician in the exercise of his/her best judgement, may deem advisable. I hereby waive and release **h.o.w? Ministry** and agents from damage, liability, claims, or causes of action arising from or relating to decisions made, consents granted, or authorizations made by **h.o.w? Ministry** and/or agents pursuant to this Consent to Treatment.

By signing or typing my name and date, I hereby authorize any clinic, hospital, or other medical facility which has provided treatment to the Team Member to surrender physical custody of the Team Member to the Agent upon completion of treatment. These authorizations shall remain effective until _____.

date one year from today

Signature of Team Member: _____ Date: _____

Date of Birth (mm/dd/yyyy) _____

Date of last Tetanus shot: _____

List any allergies, medications, illnesses or disabilities of the Team Member:

In case of emergency, notify:

Name: _____

Relationship: _____

Home address: _____

Home phone: _____ Cell: _____ Work: _____

Email: _____

Name: _____

Relationship: _____

Home address: _____

Home phone: _____ Cell: _____ Work: _____

Email: _____