

Consent to Treatment in Mexico

Individual's Name (herein "Team Member")

Salem Alliance Church

Church (herein "Organization")

Name (herein "Parent or Guardian")

Brandon Miller

Staff Member (herein "Agent")

Name (herein "Parent or Guardian")

March 24 - April, 2022

Dates of Travel

I, _____ as (circle one) the Parent/Guardian/Team Member, do hereby authorize the Agent, acting as the Team Member's Agent, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care of service, which is deemed advisable and is rendered under the general or specific supervision of any licensed or physician and 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 being rendered, but is given to provide authority and power on the part of the Agent to give specific consent to any such diagnosis, treatment, or hospital care which the above-mentioned physician, in the exercise of his/her best judgment, may deem advisable. I hereby authorize any hospital, 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 through the above periods unless sooner revoked in writing and delivered to the Agent.

Signature of "Team Member"

Date

Signature of "Parent or Guardian"

Date

Insurance Company

Policy #

Address

Claim Office Address

City, State, Zip

Doctor's Name

Doctor's Phone #

Phone #

Work #

Date of Last Tetanus

Signature of "Parent or Guardian"

Date

Emergency Contact
if parent cannot be reached

Phone #

Address (if same as above, write "same")

City, State, Zip

Phone #

Work #

List "Team Member" Allergies, Medications, Illnesses, Dissabilities