TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
[SCHOOL of XXXXX] - VOLUNTEER SERVICES - [Campus]

VOLUNTEER PARTICIPATION AUTHORIZATION
FOR MINORS

I, _____, as parent or guardian of
(print name)

_____, a minor,
(print name)

hereby authorize such minor to participate as a Volunteer at the Texas Tech University Health Sciences Center (TTUHSC) subject to meeting all requirements for participation in the TTUHSC volunteer program directed by the TTUHSC Volunteer Manager or Director for the campus.

My authorization includes allowing such minor to participate in any necessary instruction and to serve the required number of volunteer hours.

I agree that TTUHSC is not responsible for the illness of or accidental injuries to such minor that may occur during participation in the Volunteer program.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR

As parent or guardian of such minor, I certify that I have the power to consent to medical treatment of such minor. In my absence, I authorize physicians licensed under the provisions of the Texas Medical Practice Act on staff with the TTUHSC School of Medicine to render, secure, or consent to emergency medical treatment deemed necessary for the minor who, while participating in the Volunteer program, is on the premises of TTUHSC.

I certify that I am over the age of 18, and as the Parent or Guardian of a Volunteer minor, I have knowingly and voluntarily signed this Authorization.

_____ _____
Signature of Parent or Guardian Date

_____ _____
Witness Date