

CPLC ADULT EMERGENCY RELEASE FORM

Name: _____ DOB _____

Male/Female _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Other _____

Physician's Name _____ Phone _____

Hospitalization Company _____ Member SS # _____

Policy # (if different) _____ Group # _____ Phone # _____

Pertinent Medical Information (including drug allergies, chronic conditions, current medications, other) _____

CONSENT TO TREAT:

I, _____, do hereby authorize Catholic Pro-Life Committee leaders, servants, employees, officers and adult volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable.

This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing delivered to said agent(s).

Release of Liability:

I, _____, shall indemnify, hold free and harmless, assume liability for, and defend the Catholic Pro-Life Committee, its agents, servants, employees, officers, and directors from any and all costs and expenses, including, but not limited to, medical fees, attorney's fees, discovery costs, court costs, and all other sums associated with any claim or action founded thereon, including those arising or alleged to have arisen out of treatment of aforementioned. I also release the Catholic Pro-Life Committee and any agents of the Committee of any liability incurred due to aforementioned use of real or personal property belonging to the Catholic Pro-Life Committee, its agents, employees, or volunteers.

Signature _____

Notary _____

Date _____