

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
- VOLUNTEER SERVICES -**

Teen Volunteer Participation Authorization

I, _____, as parent/guardian of _____,
a minor, authorize such minor to participate in the Teen Volunteer Program of the Texas Tech
Health Sciences Center - _____ as prescribed by the designated
representative of the Office of Volunteer Services. My authorization includes allowing such
minor to participate in any necessary instruction and to render required number of service hours.
I agree that the Texas Tech University Health Sciences Center -
_____ is not responsible for the illness or accidental injuries to such minor that
occur during participation in the Teen Volunteer Program.

Authorization for Emergency Medical Treatment for Minor

As parent/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 of the Texas Tech University Health Sciences -
_____ to render, secure, or consent to emergency medical treatment deemed
necessary for minor who, while participating in the Teen Volunteer Program is on the premises
of the Texas Tech University Health Sciences Center - _____ .

Signature of Parent/Guardian

Date