



MISSIONEASTDALLAS

Healing. Opportunity. Peace. Empowerment.

CONSENT FOR CHARITY CARE

I, _____, acknowledge that the physicians of Mission East Dallas are volunteer health care providers and are not administering care for or in expectation of compensation. I also understand that as volunteer health care providers, these physicians are immune from civil liability for any act or omission resulting in death, damage or injury as long as the volunteers act in good faith and in the scope of his or her duties within the organization in providing the health care services.

Furthermore, I realize that the civil liabilities of both the charitable organization and an employee of the charitable organization are limited to money. These limits apply to the employee and the organization separately; they are not aggregate limits.

Patient's Signature

Date

Parent/Legal Guardian of Minor Signature