

**Medical and Transportation Authorization Consent and Release Agreement**

I/we, the undersigned parent(s)/ legal guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, do hereby authorize JBB Healthcare LLC for and on the behalf of the undersigned, to approve and consent to any medical, dental, surgical or hospital care or treatment of any kind whatsoever, which is deemed advisable by, and is to be rendered under the general or specific supervision of any licensed physician, surgeon, dentist, or medical provider or at a hospital, during all times that the minor is in the presence, custody, or care of JBB Healthcare LLC.

It is further that this authorization is given in advance of any specific diagnosis, treatment, medical, dental or hospital care being required, and is being given to JBB Healthcare LLC. The express authority and power to act in my/our place or absence, or due to my/our unavailability, and/or in any emergency situation as perceived by JBB Healthcare LLC and on behalf of the minor, with regard to any medical diagnosis, treatment, or medical provider may deemed necessary or advisable in the exercise of his/her best medical judgment.

This agreement is not intended to create or impose, and does not create or impose, any liability on JBB Healthcare LLC for any fees, costs, expenses, or monetary liability of any kind whatsoever, arising out of, involving, or relating to any medical, surgery, dental, or hospital care or treatment of any kind whatsoever, or as to any transportation expenses relating there to. The undersigned expressly acknowledge, agree, and covenant that the undersigned is solely, responsible for any and all such fees, cost, expenses or monetary liability of any kind whatsoever or arising out of, involving or relating to any medical, surgical, dental or hospital care treatment, or any related transportation expenses that are included or become obligated as a result of or in connection with this agreement.

The undersigned further expressly authorizes JBB Healthcare LLC, and all of its employees, servants, and authorized persons acting by, for, and on behalf of JBB Healthcare LLC, to provide transportation for, and to transport the minor in whatever manner, and by through whatever private or public transportation JBB Healthcare LLC may deed appropriate, while the minor in JBB Healthcare LLC, custody, or control, and in connection with an programs, outing, or activity sponsored, offered, or provided by or on behalf of JBB Healthcare LLC.

I/ we \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent(s) / legal guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, further hereby release, discharge, and agree and representatives, servants, successors, and assigns, and all authorized persons acting for and on behalf of JBB Healthcare LLC, from and against any and all claims, lawsuits, liabilities, actions, causes of actions of any kind whatsoever, arising out of and any, and all actions, decisions, and exercise of judgment taken, made, or performed by JBB Healthcare LLC, pursuant there to or in connection with.

The Authorizations and consequences granted by this document shall remain in effect unless and until terminated in writing by the undersigned, furthermore, this document shall be binding upon, and inure to the benefit to determine of my/ our respective agents, representatives, heirs, and assigns.

Parent/Legal guardian printed name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal guardian signature: Date:

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