



**Authorization for Medical Treatment for Minors  
The University of Texas at Arlington  
Educational Talent Search Program**

\_\_\_\_\_ Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Name of trip/tour \_\_\_\_\_ Date of trip/tour

I (we) \_\_\_\_\_ and \_\_\_\_\_ of \_\_\_\_\_  
(Parent Name) (Parent Name)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number

am the parent or legal guardian of the above named minor who is referred to in this agreement as my dependent.

I understand that participation in this program involves varying risk of injury or bodily impairment. In consideration of UTA permitting my dependent to participate in this program, my dependent and I hereby voluntarily assume all reasonable risks associated with participation and agree to discharge and release the State of Texas, the Regents of The University of Texas at Arlington, their agents, servants and employees, from any and all liability, claims, causes of action of demands of any kind and nature whatsoever which may arise by or in connection with my dependent's participation in any activities related to this program. I understand this assumption of risk, discharge and release does not apply in situations when loss or damage is due to the sole negligence of the University, its agents, servants or employees. The terms of the agreement shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

My dependents and I recognize the importance of adhering to all program regulations and following instructions regarding program activities, such as swimming, sports, field trips and other strenuous activities,. My dependent and I agree to abide by such regulations and instructions.

My dependent is in good health and I know of no medical reason why he/she is not able to participate in this program.

I hereby consent to first aid, emergency medical care and, if necessary, admission to an accredited hospital when necessary for treatment for injuries that my dependent may sustain while participating in this program.

I understand that it is my obligation to have a health and accident insurance policy in effect that covers my dependent, and that I am responsible for any and all medical expenses, which may be incurred as a result of accident or illness while participating in the program. I understand that activity insurance provided through the program provides only limited protection, on an excess basis, for injuries which occur while participating in program activities and may not cover medical expense due to illness or the entire medical expense of any injury.

\_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Number to call in case of emergency

My insurance company is: \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective Date of Coverage: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_  
Name Relationship

\_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work/Additional Phone

PLEASE PRINT CLEARLY AND RETURN TO OUR OFFICE AS SOON AS POSSIBLE.  
STUDENT WILL NOT BE ALLOWED TO ATTEND ANY TRIP/ACTIVITY WITHOUT  
THIS FORM ON FILE. THANK YOU.