



**Authorization for Medical Treatment of 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 risks of my dependent's illness, personal injury or death, and I understand the nature of such hazards and risks.

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. In consideration of my dependent being permitted to participate in the program, I hereby accept all risk to his/her health and of his/her injury or death that may result from such participation, and I hereby release the University of Texas Arlington, its governing board, officers, employees and representatives from any and all liability to my dependent, his/her personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss or damage to my dependent's property and for any and all illness or injury to his/her person, including his/her death, that may result from or occur during his/her participation in the activity or trip, whether caused by negligence of the University of Texas Arlington, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University of Texas Arlington, its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my child's negligent or intentional act or omission while participating in a program activity, event or trip.

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 of 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
Cell Phone	Work or Home Phone #

Please provide any medical conditions we need to know about, including medications the student is currently taking. Thank you.

