



RELEASE FORM TO PROVIDE  
MEDICAL TREATMENT  
Required for Students  
Under 18 Years of Age

**General Release and Indemnity Agreement**

I hereby represent that I am the parent or legal guardian of \_\_\_\_\_ who is under the age of 18. I am fully aware that my minor son/daughter has enrolled as a full-time student at \_\_\_\_\_ University/High School and I hereby assume all the risks associated with being a student at this university/high school. If needed for health reasons, I give permission for my minor son/daughter to be evaluated, diagnosed, treated, and/or given medication in accordance with U.S. standard medical practice by licensed medical personnel. I hereby relieve the university/ high school of all responsibility and consequences that may arise as a result of prescribed medical treatment. I will not hold the university/ high school liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

I further agree to indemnify and hold harmless the university/high school, its regents, officers, employees, students, and agents from all claims demands, suits, causes of action, or judgments which my minor son/daughter or I may have, or claim to have against the university/high school arising out of or in any way connected with being enrolled at this university/high school.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Student's known allergies: \_\_\_\_\_

Current medications being taken: \_\_\_\_\_

Significant medical history: \_\_\_\_\_

\_\_\_\_\_

**To the High School/University Officials:**

In case of emergency, in order to inform student's parents/guardian, please contact Ted or Ellen Presley of ELI 360 / The Alexander Building / 104 Pine, Suite 610 / Abilene, Texas 79601 U.S.A. / Tel. 325.437.2827; Cell 325.370.8638/8639.