

Springlake-Earth Independent School District

Emergency Treatment Form

There is always the possibility of an accident occurring to a student at school or while participating in an after-school activity. In case an accident should occur, the school and/or the University Scholastic League does not assume responsibility. Nevertheless, if an accident should occur, a discretionary judgment will be made by a school representative in regard to the student's need for immediate care and treatment. Therefore, I do hereby request, authorize, and consent to such care and treatment as may be given to the said student by any physician, trainer, nurse, or school representative. As well, I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of the said student.

If between this date and the end of the school year, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

SIGNATURE OF STUDENT

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE