

The University of Texas at San Antonio
Outreach Programs Medical Consent and Release Form

As the parent/guardian of _____, I hereby authorize The University of Texas at San Antonio Outreach Programs TRIO/GEAR UP Executive Director and his/her staff to furnish such diagnostic, medical and/or surgical treatment of my child as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of my child. The University of Texas at San Antonio and its officers, regents, and employees shall not be liable in any way for any consequences from said causes of action that may arise out of or is incident to such diagnosis, treatment or surgery to the extent allowed by law, except as provided for through the group medical insurance plan if the student contracted for the same prior diagnosis, treatment or surgery. Furthermore, The University of Texas at San Antonio does not assume any financial or other responsibility, but wishes to provide the best services possible in case of an emergency.

In case of sudden illness or an accident, I consent to emergency treatment of professional medical/nursing staff to my child. In case of serious illness/accident, I will be notified immediately, but if I cannot be reached, necessary interim emergency care may be provided by the Student Health Services professional Medical/Nursing staff or by a physician/nurse designated.

List all that applies to individual stated above as of _____
Date

Current Medication:	Allergies:	Allergic Reaction to:

Print Parent Name

Parent Signature

Home Phone Number

Alternate Phone Number

