

Parent Section

Release and acknowledgement for students under eighteen years of age

On behalf of _____ (patient/student), I _____ The Patient's/student's (parent, legal guardian or other person with legal responsibility) for the care of the patient acknowledge:

1. Healthcare practitioners at Schertz Cibolo Emergency Clinic, including Physicians, Physician Assistant or nurse practitioner assisting him/her in conducting a physical examination or medical screen that is not administered for or in expectation of compensation; and furthermore

2. The healthcare practitioner(s) is immune from any civil liability for any act or omission resulting in the death or injury to the patient from or in connection with the physical examination or medical screening being performed.

Signed this _____ day of _____, 2019.

Printed Name

Witness

Signature

Student Section

I _____, the patient/athlete, here by acknowledge:

1. Healthcare practitioners at Schertz Cibolo Emergency Clinic, including Physicians, Physician Assistant or nurse practitioner assisting him/her in conducting a physical examination or medical screen that is not administered for or in expectation of compensation; and furthermore

2. The healthcare practitioner(s) is immune from any civil liability for any act or omission resulting in the death or injury to the patient from or in connection with the physical examination or medical screening being performed.

Signed this _____ day of _____, 2019.

Printed Name

Signature