TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, ______________________________ (Name), am a student at Texas Tech University Health Sciences Center (TTUHSC) and hereby give TTUHSC, its representatives, agents, or other responsible party who is a member of ____________________________(Organization, Sponsoring Group) the authority to seek emergency medical treatment on my behalf in the event I should be injured and incapable of consenting to such treatment while participating in a TTUHSC activity which is organized, sponsored, and/or funded by TTUHSC and involves the travel of at least twenty-five (25) miles from the TTUHSC campus.

I agree to release and hold harmless TTUHSC, its representatives, agents, employees, or other responsible party who is a member of ____________________________(Organization, Sponsoring Group) from any and all liability, negligent or otherwise, with regard to seeking emergency medical treatment on my behalf. I am at least 18 years of age, have read and fully understand this agreement and am voluntarily authorizing emergency medical treatment on my behalf in the event of such need.

___________________________________   ____________________
Signature of Student           Date

___________________________________   ____________________
Signature of Witness           Date

ATTACHMENT B
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August 29, 2014