

Confirmation of Understanding of Limited Scope and Purpose of the UIL Pre-participation Physical Exams

I _____ am aware that my child/ward, _____, will attend an event at Clear Falls High School on April 21, 2018 (“the event”). The event is sponsored by The Methodist Hospital d/b/a Houston Methodist (“HM”) where screening physical exams for the sole purpose of clearing students for participation in athletic programs at their school will be performed by volunteer healthcare providers. By signing this form, I am confirming my understanding and agreeing to the following:

- This is **NOT** a comprehensive physical exam and should not take the place of routine medical care; I understand that this is a **screening for clearance for participation in athletic activities ONLY**;
- Any patient-physician relationship created during the event will terminate immediately upon completion of the screening physical;
- I understand that my child may need additional testing before s/he can be cleared for participation in athletic activities and **it is my sole responsibility to obtain such additional testing or medical care**; I understand that if it is determined that my child needs additional medical treatment, I will be notified of any such recommendation via Certified Mail Return Receipt Requested (“CMRRR”) at the current mailing address below.
- I understand that a limited number of non-invasive tests may be available and performed at the event for my convenience; **I consent to any and all additional non-invasive testing as deemed necessary by the screening physician during the event without additional notification to me prior to the testing**; and
- I consent to the release of the results of my child’s physical screening exam to his or her school (including a coach, athletic trainer, teacher or administrator) present at the event. This consent is valid for 180 days unless sooner revoked. I understand that I may revoke this consent at any time. I understand that the information released may not be protected under the law once it is disclosed and may be subject to re-disclosure by the Recipient.

Parent/Guardian’s Signature

Date

RELEASE FROM LIABILITY AND INDEMNIFICATION

I hereby release, waive, discharge and covenant not to sue HM and its subsidiaries, officers, directors, trustees, employees, agents and affiliated companies from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be caused by or related to my child’s participation or presence at the UIL Physical Examination Event.

I acknowledge that I have fully read and understand the foregoing Consent and Release and that my signature below acknowledges the statements made in this document.

Parent/Guardian’s Signature

Date

ADDRESS _____

CITY, STATE, ZIP _____