



## Medical Release 2025-26

Student: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Known illnesses, medications, or limitations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Company: \_\_\_\_\_

Insurance policy information in case of emergency:

\_\_\_\_\_

**Please attach a copy, front and back, of your insurance card to this medical release.**

In the event of a medical emergency, I authorize Home Education Partnership of Texas, Inc./HEP Bookstore, L.L.C and its employees to secure medical transportation or treatment on my child's behalf. I understand that I am responsible for all expenses, fees, or costs incurred as a result of the medical transportation or care secured for my child. I understand and agree that HEP of Texas Inc./HEP Bookstore L.L.C. are not liable for any injuries or damages that may occur as a result of medical treatment that the child may receive. I hereby release HEP of Texas, Inc. and the HEP Bookstore, L.L.C., their members, employees, and representatives from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the course or courses referred to above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

updated 1/15/25