



Medical Release 2026-27

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 12/30/25