ATTACHMENT B
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HSCEP OP 77.08
March 9, 2015

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
AUTHORIZATION FOR EMERGENCY
MEDICAL TREATMENT

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

I hold TTUHSCEP, its representatives, agents, or other responsible party who is a member of ________________________________(Organization, Sponsoring Group) harmless from any 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 requesting emergency medical treatment on my behalf in the event of such need.

___________________________________  ______________________
Signature of Student                  Date

___________________________________  ______________________
Signature of Witness                  Date