

**ACKNOWLEDGEMENT OF  
IMMUNITY OF VOLUNTEER HEALTH CARE PROVIDERS**

As you are aware, many of the physicians and health care providers that assist with the care of \_\_\_\_\_ (*name of school or ISD*) athletes volunteer their time to provide physical examinations and medical screening.

Texas state law provides that:

A health care practitioner who, without compensation or expectation of compensation, conducts a physical examination or medical screening of a patient for the purpose of certifying the patient's eligibility to participate in a school sponsored extracurricular or sporting activity is immune from civil liability for any act or omission resulting in the death or injury to the patient if:

- (1) the health care practitioner was acting in good faith and in the course and scope of the health care practitioner's duties;
- (2) the health care practitioner commits the act or omission in the course of conducting the physical examination or medical screening of the patient;
- (3) the services provided to the patient are within the scope of the license of the health care practitioner; and
- (4) before the health care practitioner conducts the physical examination or medical screening, you, as the patient's parent, managing conservator, legal guardian, or other person with legal responsibility for the care of the patient signs this written statement acknowledging that you know that many of the practitioners providing physical examinations and pre-participation screening for our athletic programs are volunteers, and that your ability to recover damages from these volunteers in connection with such screening and examinations is limited.

If the health care providers are paid for these services by the patient or the patient's responsible party, then these limitations on liability do not apply. Please sign below to acknowledge that you received this notice.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Student's Name