

International Exchange Program

MEDICAL AUTHORIZATION FOR TREATMENT OF A MINOR

On rare occasions, an emergency requiring hospitalization and/or surgery develops. Since minors may not, as a rule, be administered an anesthetic or be operated on without the written consent of the parent of guardian, we request that parents or guardians sign the following statement. Every effort will be made to contact the parents or guardian before any major treatment. This is to prevent a dangerous delay in case an emergency does occur and we are unable to contact parents. In the event of injury or illness to our son/daughter _____ born _____, we hereby authorize _____ or accompanying Sister Cities program representative to secure whatever treatment is deemed necessary, including the administration of an anesthetic, surgery or dental treatment.

Date

Parent/Guardian Signature

PHYSICIAN'S SIGNATURE

I AM OF THE OPINION THAT _____ IS PHYSICALLY AND MEDICALLY ABLE TO PARTICIPATE IN THE SUMMER 2015 INTERNATIONAL STUDENT EXCHANGE PROGRAM.

PRINTED NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

DATE