



MEDICAL TREATMENT AUTHORIZATION FORM

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

I do hereby state that I have legal custody of the below named minor. I grant my authorization and consent for _____ (name both host parents) to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the aforementioned adults to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any x-ray, anesthetic, blood transfusion, medication or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of any physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses (exceeding insurance benefits, if applicable) of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the host parent in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through _____ (typically June of graduation year).

Signed this _____ day of _____, 20__.

Student Name _____

Signature of Mother _____ Date _____

Signature of Father _____ Date _____

Signature of Translator (or Witness) _____ Date _____