

**STATEMENT OF AUTHORIZATION FOR MEDICAL TREATMENT
FOR STUDENTS UNDER 18 YEARS OF AGE**

The undersigned are the parent(s)/legal guardian(s) of

_____.
Student's name

In the event my above-named child should require emergency medical treatment as a result of accident or illness arising during participation in the Homestay Program while overseas in the United States, the undersigned consent to such treatment and hereby authorize the individuals identified below as agent for the undersigned, to consent to such medical treatment or hospital care:

Name: The Pacific Language and Cultural Exchange, LLC, including its staff and members

Address: _____

Telephone Number(s): _____

and/or the host parent(s) of my child.

- The undersigned hereby authorize and consent to any X-ray examination, administration of anesthetic, blood transfusion, surgical operation, or any other medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff and emergency-room staff licensed by the state of treatment, or a dentist licensed by the state of treatment, or staff of any acute general hospital holding a current license to operate a hospital.
- The undersigned further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by the undersigned's son/daughter for any emergency situation. The undersigned request to be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power to render care which the aforementioned physician or dentist in the exercise of his or her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

The undersigned agree to hold harmless and release from all liability The Pacific Language and Cultural Language Experience, LLC, its staff and members, and/or all members of the host family for any intervention in an emergency situation regardless of final outcome.

The undersigned agree to assume all financial obligations beyond those covered by health, accident, and sickness insurance for any medical treatment rendered.

Date: _____

Parent/Legal Guardian's Signature: _____

Parent/Legal Guardian's Address: _____

Parent/Legal Guardian's Telephone Number(s): _____

Date: _____

Parent/Legal Guardian's Signature: _____

Parent/Legal Guardian's Address: _____

Parent/Legal Guardian's Telephone Number(s): _____