

AYA Medical Authorization Release Form

We, as parents/guardians of _____, a participant on the AIFS Foundation's, Academic Year in America program, hereby authorize the AIFS Foundation staff, the AYA staff, the American host parents and the AYA Local Coordinator, as our agents, to consent to any medical diagnosis, treatment or care which a licensed doctor or hospital deems to be medically necessary for our son/daughter while they are participating in the AYA program.

In the event of an emergency or non-emergency situation requiring medical treatment, we hereby grant permission for any and all medical and/or dental attention to be administered to the above named participant. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery under the recommendation of qualified medical personnel. We understand that the above named participant's next of kin or nominated emergency contact may be contacted without our prior consent.

We authorize any medical provider to release medical information about the above named student's health and condition to AYA staff, AYA Local Coordinator and/or their insurance provider/emergency assistance services. We authorize the release of medical records related to the above mentioned participant's medical history, mental or physical condition, including without limitation, x-rays, lab tests, psychotherapy notes and other mental health information, drug, alcohol or other controlled substance information, correspondence and other relevant records.

It is understood that this authorization is not given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of his/her best judgment may deem advisable. We understand that this agreement with the AIFS Foundation cannot be modified except in writing by the AIFS Foundation and that this authorization may be revoked at any time and by giving written notice to AYA and shall expire upon completion/termination of the student's AYA program.

Student name	signature	date
--------------	-----------	------

Natural parent/guardian name	signature	date
------------------------------	-----------	------

Natural parent/ guardian name	signature	date
-------------------------------	-----------	------