

The appointed team leader(s) and/or personnel have my/our permission to authorize medical treatment, including administration of medication, anesthesia, emergency surgery, or hospitalization for my son/daughter/me as is deemed necessary by the aforementioned and the attending physician. I/we agree to assume complete financial responsibility for all medical bills incurred by my son/daughter/me, and agree to make full reimbursement for medical payment made on behalf of my son/daughter/me. My/our major medical insurance policy covers my son/daughter/me while he/she/I is/am abroad.

I/we agree to assume total financial responsibility for my son/daughter/me to travel home immediately if it is necessary to dismiss my son/daughter/me while he/she/I is/am abroad.

I/we do willingly affix my/our signature(s) in full and unreserved agreement with all of the aforementioned statements and agreements.

X _____
Legal Signature of Team Member **Date**

X _____
Signature of Parent or Legal Guardian (if team member is a minor) **Date**
If issues of legal custody are involved, please attach explanation and documentation.

Subscribed and sworn to before me on this _____ day of _____ 20__

Signature and Seal of Notary Public **My Commission Expires**