



Mutual Friends Student Exchange, Inc

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 Denver, PA 17517 USA Fax: 717-431-8879

www.mfse.biz vs@mfse.biz mfse@ptd.net

Authorization & Releases

STUDENT NAME:		BIRTH DATE:	
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I /we, the undersigned natural parent(s) and legal guardian of the student named above, a minor, do hereby authorize and consent to:

Any general medical or dental treatment including, but not limited to: routine doctor visits, routine dental examinations, physical examinations as may be necessary for participation in sports or other activities, immunizations rendered by any nurse or doctor licensed under the provisions of the Medicine Practice Act, or dentist licensed under the provisions of the Dental Practice Act

Any acute medical treatment including, but not limited to: X-ray examination, anesthetic or medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, or dentist licensed under the provisions of the Dental Practice Act and or the staff of any acute general hospital holding a current license to operate as a hospital.

It is understood that this authorization is given in advance of any specific request for medical evaluation, diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which any physician in the exercise of his/her best judgment deems advisable.

It is understood that effort shall be made to contact the undersigned parent(s) prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Furthermore, we the natural parents guarantee and insure that we will reimburse any expense not covered by the accident and sickness policy of medical insurance prescribed to covering the exchange visitor.

List any medicines regularly taken	List any allergies to food or drugs
Date of last tetanus booster	Any restrictions
Name of regular physician	Address of Physician
Phone number of physician	

Parent/guardian Signature	Date
Parent/guardian Signature	Date

Home: _____

Telephone numbers where parents can be reached in an emergency: Work: _____

Cell: _____