



CHINA 2010

MEDICAL TREATMENT AUTHORIZATION AND CONSENT FORM FOR DEPENDENT CHILDREN

Please note: This form must be notarized.

TO: PARENTS of CHINA 2010 STUDENT PARTICIPANTS:

This form is designed for those situations where dependent children are unaccompanied by either parents or legal guardians. This "Medical Treatment Authorization and Consent Form" gives authority to a designated adult to arrange for medical care for a dependent child in the event of an emergency. This is extremely important, in that, medical care cannot be provided to a minor without approval by the parents or legal guardians, unless there is written consent authorizing an agent to give approval.

The undersigned do hereby authorize David Leach or such substitute as he may designate as agent for the Undersigned to consent to any X-Ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the named dependent child which is deemed advisable by and to be rendered under the general or special supervision of a licensed physician, surgeon, and/or dentist whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

It is understood that these arrangements are to be made at our expense.

Dependent Child's Full Name _____

Dependent Child's Age ____

(SIGNATURE OF FATHER)
(OR GUARDIAN)

(SIGNATURE OF MOTHER)
(OR GUARDIAN)

Subscribed and Sworn to me before this _____ day of _____

Notary Public in and for the
County of _____
In the State of _____
My commission expires _____