

PERMISSION FORM & RELEASE
FOR
MEDICAL EMERGENCY

We, the parents/guardians of _____ (name/s) who have the sole and legal right to make the decisions on the health and care of _____ (name) do hereby **release from liability and grant permission** as noted of the following during our child's participation in any Rotary Youth Exchange sponsored activity.

- In the event of **accident or sickness** we authorize any Rotarian or authorized chaperones of Rotary activities of our child, to **select the appropriate medical facility and physician(s)/dentist(s)** to provide treatment;
- We give permission for any operation, administration of anesthetic or blood transfusion which a medical practitioner may deem necessary or advisable for the treatment of our child.
- We further **consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist** which might be required by our child for **any emergency situation**. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.

We agree to **hold harmless Rotary International, any Rotary District, Rotary club, Rotarian, Rotary chaperone, host family, physician/dentist and medical facility for any intervention in an emergency situation** regardless of the final outcome.

We **agree to assume all financial obligations** beyond those covered by insurance for any medical treatment rendered.

We further **release Rotary International, all Rotary Districts, Rotary Clubs, Rotarians, and host parents from damages arising out of the ordinary negligence**, excepting gross negligence or intentional conduct, during the time they may be providing care and control of our child.

_____ (print name of father/guardian)	_____ (print name of mother/guardian)	_____ (applicant's name)
--	--	-----------------------------

_____ (signature)	_____ (signature)	_____ (signature)
----------------------	----------------------	----------------------

Emergency **contact (in home country)** _____
(name)

_____ (address)	_____ (telephone)	_____ (fax)
--------------------	----------------------	----------------

STATE OF _____, COUNTY OF _____,

Before me, a Notary Public in and for said county and state, personally appeared the above named _____ acknowledged that he/she did sign the foregoing instrument and that the same is his/her free act and deed. IN TESTIMONY WHEREOF, I have hereunto subscribed my name and official seal this _____ day of _____, 20____.

Notary Public