

**PERMISSION FOR MEDICAL/DENTAL TREATMENT
FOR AMERICAN CULTURE EXPERIENCE PARTICIPANTS
UNDER 18 YEARS OLD**

Please print clearly or type.

Parents/Guardians of participants under eighteen years of age must sign the following statement to allow medical or dental care while the individual is participating in the American Culture Experience at the American Language and Culture Institute (ALCI) at California State University San Marcos.

I/We hereby authorize a physician or dentist to provide whatever treatment is necessary according to their professional opinion for any minor child who is a participant in an American Language and Culture Institute program. The school, hospital, doctor's office, clinic, and any emergency service agency and their associated physicians, surgeons, and/or dentists have the authority to consult as necessary. This authorization is good for the duration of the American Language and Culture Institute's program or until revoked by me in writing.

Student's Name: _____ Date of Birth _____
Family First Month / Day / Year

Name of Parent or Guardian: _____
Family First

Signature of Parent or Guardian: _____ Date _____
Month / Day / Year

Name of person to contact regarding emergency treatment:

Emergency Phone: _____ Fax: _____

E-mail: _____ City and country: _____