MIDDLEBURY COLLEGE--SCHOOLS ABROAD
MEDICAL EMERGENCIES--PERMISSION FOR TREATMENT

To Schools Abroad participants and their parents/guardians:

A program of study off-campus can be both physically and emotionally stressful. Should an emergency arise while you are on a Middlebury College School Abroad, it is important that we be aware of any past or potential medical conditions that you may have.

AGREEMENT AND RELEASE

I am aware of all of my personal medical needs. I understand the importance of disclosing complete and honest information regarding my medical status that would affect my ability to participate safely in the program. I am aware that the only access to my medical history that the School Abroad has is the Health Information Form that I have completed and submitted to the Spanish School at Middlebury College. Given this limited access to medical records, if I feel, in consultation with a physician or otherwise, that Program personnel should be informed of any other specific medical needs that I have, I will do so specifically and personally. I have arranged, through insurance or otherwise, to meet any and all needs for payment of any medical costs incurred while I participate in the Program. I understand and acknowledge that the College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility for such needs.

I understand and acknowledge that if I require medical treatment or hospital care (in the United States or abroad) while participating in the Program, the College is not responsible for the provision or quality of that care.

In the event that I am physically or mentally incapacitated by a medical emergency, the College is authorized (but is not obligated) to take any actions deemed in good faith to be necessary for my health and safety, and I hereby release the College from any and all liabilities in connection with the good faith exercise of this authority.

In the event of a medical emergency, under circumstances where the medical contact person named on the Health Information Form cannot be contacted within a reasonable amount of time

_____born_____
Participant's name mo. day yr.

I/we hereby authorize the representative(s) of the Middlebury College Schools Abroad to secure any necessary treatment for the above student, up to and including the administration of an anesthetic and surgery.

Participant's Signature: Parent's or Guardian's Signature(s) (if student is under 21 years of age):

_____ _____

Date: _____ Date:_____