



Diocese of Davenport

International Student Services Office

Medical Treatment Consent

TO WHOM IT MAY CONCERN:

To any hospital and any physician on the staff thereof: You are hereby authorized to furnish medical care, treatment and/or hospitalization, including the use of local or general anesthetic, sedation or analgesia to:

Name of Minor: _____

Date of Birth: _____ who is in the physical custody of:

Name of Caretaker (host family): _____

At the request of above caretaker acting on behalf of minor, without further written or other authorization from the undersigned parent(s) or legal guardian(s) of said minor child. We further authorize the above caretaker to give permission for the minor to participate in various school activities when authorization is needed and release of school and/or medical records when requested by said caretaker.

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Parental Consent

We hereby affirm that we, _____ and _____

Are the legal parents of _____ whose birthday is _____

We hereby consent to our child's application for admission to attend school in the United States as a non-immigrant student. We hereby declare that he/she has been given our permission to live with a host family. We hereby affirm that we have delegated to the host family the responsibility to act on our behalf in all matters concerning our son/daughter and the school.

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Permission to Travel

Student's Name: _____

- We herewith give our full consent for our son/daughter to travel within their host country if accompanied by an adult person approved by Diocese of Davenport (over 25, or together with the host family. We understand that any travel must also be approved in writing by the host family and an itinerary must be provided to the International Coordinator. Approval must also be given by the Diocese of Davenport. We further understand that our son/daughter will be responsible for any expenses incurred during any trip or excursion. Our son/daughter may not travel while school is in session unless the trip is approved by Diocese of Davenport.
- We do not give our consent.

Parent Signature

Day / Month / Year

Parent signature is required even if the student is over 18