

**International Student Authorization Form for Minors
(under 18 years of age)**

Purpose of form: In the United States anyone below the age of 18 must have permission from their parents to seek medical care. This form is intended to help students under the age of 18 receive medical care in a timely manner.

Student Information

Student Name: _____
Last First Middle

Date of Birth: _____
(month, day, year)

Parent/Legal Guardian

**Name of Mother/
Legal Guardian:** _____
Last First

**Name of Father/
Legal Guardian:** _____
Last First

Address: _____
Address Line 1 Address Line 2

City Province/Territory Postal Code Country

Telephone: _____
(include country code & city code)

Does this person speak English? Yes ___ No ___
If no, what language does this person speak? _____

Statement of Release**Select one option:**

- We the parents of, _____, **give** any licensed physician, surgeon or hospital staff permission to make decisions related to medical, surgical and hospital care (including X-ray exams and anesthetic treatment) for our child. In situations when decisions need to be made quickly, we do not require that the medical provider contacts us in advance.
- We the parents of, _____, **do not give** any licensed physician, surgeon or hospital staff permission to make decisions related to medical, surgical and hospital care (including X-ray exams and anesthetic treatment) for our child.

Signature of Mother/Legal Guardian

Date

Signature of Father/Legal Guardian

Date

NOTE: KEEP A COPY OF THIS FORM FOR YOUR RECORDS, IN THE EVENT THAT YOU NEED TO VISIT A DOCTOR OR HAVE A MEDICAL EMERGENCY.