

# Medical Release Form

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We the parent(s) or legal guardian(s) of

\_\_\_\_\_ appoint Teachers \_\_\_\_\_

\_\_\_\_\_, A La Carte Travel Inc, as well as their

associates abroad, and the host family, to act in our behalf in authorizing emergency medical, dental, surgical care and hospitalization for the applicant during the period of his / her stay abroad.

Furthermore, we release (Teacher's name) \_\_\_\_\_, and A La Carte Travel, Inc., from all civil responsibility for accidental injuries, which are not intentionally by their acts.

\_\_\_\_\_

Date.

\_\_\_\_\_

Parent or legal guardian

Do you have any food restrictions?

Do you have any allergies?

Are you taking any medications?

Do you have any physical disabilities?

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