



Authorization & Release

Student's name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:
Father's name:	Emergency phone:		
Mother's name:	Emergency phone:		
Other emergency contact:	Emergency phone:		
List any medicines the student is currently taking:			
List any allergies the student has:			
Vaughn C. Starr, Executive Director, USAXperience, Inc. Lisa Starr, Manager of Missions, USAXperience, Inc.			
I/we, the natural parent(s) of the student named herein, hereby give my/our consent to the following individuals to give authorization for the following medical services:			
_____, Host Parent _____, Host Parent			
This Authorization & Release shall remain in effect from:		until:	

I/we, the natural parent(s) of the student named herein, do hereby authorize and request the individuals to whom authorization is granted to seek any medical service requested by the student or deemed to be appropriate in their judgment including, but not limited to, the following services rendered by medical professionals for the student named herein:

- | | |
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| <ul style="list-style-type: none"> General medical treatment Acute medical treatment Emergency services Ambulance services X-ray examination Anesthetic Medical or surgical diagnosis | <ul style="list-style-type: none"> Dental evaluation and subsequent indicated treatment Specialized services such as necessary or recommended ophthalmology, audiology, orthodontics Immunizations and/or serology Physical evaluations for participation in sports, activities, driving Preventative Care Drug testing as requested by school/agency/law enforcement personnel |
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Services shall be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, or dentist licensed under the provisions of the Dental Practice Act and or the staff of any acute general hospital holding a current license to operate as a hospital.

I/we, the natural parent(s) of the student named herein, understand that this authorization is given in advance of any specific request for medical evaluation, diagnosis, treatment, hospital care or any of the other services authorized under this agreement being required, but is given to provide authority and power to render services upon the request of any of the individuals authorized herein and to render care which any physician in the exercise of his/her best judgment deems advisable.

I/we, the natural parent(s) of the student named herein, understand that effort shall be made to contact me/us prior to rendering any medical services to the student, but that any of the medical services listed above will not be withheld if I/we cannot be reached.

For the purposes of P.I.A.A. interscholastic sports physicals, I/we, the natural parent(s) of the student named herein, hereby consent, in advance, to the participation of the student named herein in any sport/activity sponsored by the school in which the student is enrolled.

I/we, the natural parent(s) of the student named herein, do hereby release USAXperience, Inc. and any licensed medical providers from liability while under the exercise of this authority.

Signature of student's father Date

Signature of Student's mother Date

Special Instructions For Medical Personnel

USAXperience, Inc. is the guarantor of payment of expenses for the student named herein. All USAXperience students are insured through UnitedHealthcare Options PPO. Please see the student's insurance card or contact us so that we can provide you with the information you require. If you do not participate in the UnitedHealthcare network, please decline non-emergency services. Every effort should be made to render services within the parameters of the student's insurance. Please verify eligibility and pre-authorize treatment with our insurance provider at (800)251-1712. USAXperience automatically pre-authorizes and guarantees payment for any physical examinations requested by the student and/or immunizations as deemed necessary.

All bills should be sent to USAXperience at the time of service – we will be unable to guarantee payment once the student has left the USAXperience program. Our address, email or fax can be found in the footer below: