



Delaware County Community College
901 South Media Line Road
Media, Pennsylvania 19063, USA

**PERMISSION FOR MEDICAL CARE AND RELEASE OF LIABILITY
FOR INTERNATIONAL APPLICANTS UNDER 18 YEARS OF AGE**

We, the parents/legal guardians of the applicant, who have the legal right to make decisions on health care, do hereby release Delaware County Community College (DCCC) and the host family from any liability and grant the following permissions:

- In the event of injury or sickness of our son/daughter/ward, we authorize the host parent(s), or designated official at DCCC, to select and authorize an appropriate medical provider to provide medical care and surgical procedures.
- We authorize the release of any personal health information of our son/daughter/ward obtained in the course of treatment by medical providers to the host parent(s) and/or designated official at DCCC including health information as defined and described in the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).
- In the case of elective surgery, we request that we be notified and our permission obtained before arrangements are made.
- We consent to any medical or surgical treatment by an appropriate medical provider that might be required by our son/daughter/ward for any life-threatening, emergency situation. WE DO REQUEST THAT WE BE NOTIFIED AS SOON AS POSSIBLE, BUT EMERGENCY TREATMENT NEED NOT BE DELAYED TO PROVIDE SUCH NOTICE.

We agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered to our son/daughter/ward while studying at DCCC.

We agree to save and hold harmless DCCC, its employees, and College host family for any intervention in any medical situation regardless of outcome.

_____	_____	_____
Applicant (Print Name)	Signature	Date
_____	_____	_____
Mother/Legal Guardian (Print Name)	Signature	Date
_____	_____	_____
Father/Legal Guardian (Print Name)	Signature	Date
This form must be notarized and/or sealed by legal official in home country		