LANDMARK COLLEGE STUDY ABROAD PROGRAM

MEDICAL RELEASE FORM

Permission for Emergency Treatment: On rare occasions an emergency requiring hospital treatment and/or surgery may develop. In most cases, administration of an anesthetic, treatment of an injury, or operation upon an individual cannot be done without consent of the patient. To avoid potentially dangerous delay in an emergency, and if you are unconscious or otherwise unable to give your consent, we request that you sign the following permission to ensure necessary treatment.

I hereby grant permission to Landmark College to authorize the administration of such antibiotics, immunizations, anesthesia, and other medications, and to hospitalize and provide such treatment for myself as it considers appropriate based on the advice it has received.

____________________________________________________  ______________________
Participant's signature                                                                          Date