

**The National Leadership Academies**  
**FutureDocs Abroad – Emergency Medical Authorization**

*Effective Dates December 18, 2020 - January 3, 2021*

I, \_\_\_\_\_ (Student name; if Student is under 18, then parent or guardian name), do hereby authorize and permit The National

Leadership Academies to bring, \_\_\_\_\_ (name of Student), to a hospital or established clinic for evaluation and/or treatment.

I hereby authorize the physicians and staff on duty at the hospital or clinic to treat me (or my child if under 18) in the event of such illness, accident or other injury or other emergency.

I understand that every reasonable effort will be made to contact the parent/guardian or designated emergency contact person listed below in the event of such an emergency, but should these attempts fail, treatment may proceed.

I further understand that in order for The National Leadership Academies to have the fullest opportunity to assist me, I must provide all contact and medical history information requested as part of my participation in this program. I realize and accept that all costs incurred as a result of this treatment may be billed directly to me if proper payment information is not included or insurance does not cover the care provided.

By my signature below (or the signature of my adult parent or legal guardian if I am under 18) I release The National Leadership Academies, its entire staff and volunteers, the medical staff of the treating hospital or medical facility, local, ambulatory services, clinical staff, nurses, drivers and support personnel from any and all liability resulting from any action caused by such treatment.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date