



CENTRAL STATES ROTARY YOUTH EXCHANGE PROGRAM, INC.

SERVING 18 DISTRICTS IN ILLINOIS, INDIANA, MICHIGAN, MINNESOTA, NORTH DAKOTA, WISCONSIN AND ONTARIO, CANADA
5580,6220, 6250, 6270, 6290, 6310, 6330, 6360, 6400, 6420,6440, 6450, 6460, 6490, 6510, 6540, 6560, 6580



MEMO TO EXCHANGE OFFICERS OF STUDENTS COMING TO CENTRAL STATES DISTRICTS

Occasionally we have a problem where a student from abroad requires surgery and the surgeon insists upon either a written authorization and release from the parent or from someone directly authorized in writing by the parents to execute the release. Accordingly we would appreciate your asking the parents of your students to sign and return this form to us so that we can provide surgical care immediately, if and when required.

Applicant, Parental/Guardian Release Form

IN CONSIDERATION of the acceptance and participation of the applicant in this program, the undersigned APPLICANT and his/her PARENTS or LEGAL GUARDIANS, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host and sponsor Rotary clubs and districts, and of Rotary International, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent, or guardian during, or as a result of, the participation by the applicant in such Youth Exchange program, including travel to and from the host country. As the undersigned applicant and undersigned parents or legal guardians of the applicant, we hereby state that we have read and understood the Program Rules and Conditions of Exchange. Should I, as a student, be selected for an exchange, I agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country. We attest that we have read and understand the Statement of Conduct for Working with Youth. We understand that all Rotarians and host families are expected to have read and understand this statement as well. I understand that, if selected for an exchange, I will be provided with training and written material on abuse and harassment and that this information will include the contact information of the person I should contact if I encounter any form of abuse or harassment. I attest that I am of good health and character, understand the importance of the role of a youth ambassador as a Rotary Youth Exchange student, and will, to the best of my ability, maintain the high standards required of Rotary Youth Exchange student should I be chosen to represent my sponsor Rotary club and district, school, community, state/province, and country. I further state that all the material contained in this application and the attached documents are true and accurate to the best of my knowledge.

PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY

We, the parents/legal guardians of the applicant, and I, the applicant, HEREBY AUTHORIZE the release of medical information on application pages 'Medical Information 1-4,' acquired in the course of the examinations by the physician and the dentist. We, the parents/legal guardians of the applicant, and the applicant, if of legal age, who have the sole and legal right to make the decisions on the health and care of the applicant, do release from liability and grant permission as noted of the following while our son/daughter/ward is overseas as a Rotary Youth Exchange student: In the event of accident or sickness, we/I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment. We/I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward.

We/I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by our son/daughter/ward for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.

Permission is granted for immunizations required for school registration.

In the case of elective surgery, we/I request that we/I be notified and our permission obtained before such arrangements are made. We agree to hold harmless Rotary International, any Rotary district, Rotary club, Rotarian, Rotary chaperone, or host family for any intervention in an emergency situation regardless of final outcome. We agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.

Applicant (print name)

Signature

Mother/Legal Guardian (print name)

Signature

Father/Legal Guardian (print name)

Signature

Witnessed in the presence of Sponsor Club Representative

(print name)

Signature

Dated this _____ Day of _____ Month, _____ Year.