

**ANGELO STATE UNIVERSITY  
INTERNATIONAL STUDIES PROGRAM YEAR 20\_\_\_\_\_**

**Program Name** \_\_\_\_\_  
**From** \_\_\_\_\_/20\_\_\_\_ **To** \_\_\_\_\_/20\_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

I, (Participant's Printed Name) \_\_\_\_\_, do hereby appoint the Angelo State University faculty director of the international studies program to secure and consent to all medical treatment, surgical procedures and other health care which s/he deems to be in my best interest, in the event that I am not capable of making the required decision for myself. Further, I agree to indemnify and forever hold harmless any doctor, hospital, medical facility or other provider of medical treatment, surgical procedures or other health care pursuant to the consent of the faculty director with respect to any rights, causes of action, claims or demands which I might have as a result of or arising from the provision of such care, provided such care is administered in good faith and without negligence.

Expiration date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness' Printed Name: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CID: \_\_\_\_\_

Cell#: \_\_\_\_\_