



WORLD ACADEMY

Consent for Medical and/or Emergency Treatment

I, _____, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical or emergency care of my child: _____. (hereafter "dependent").

I further give my consent to the Head of School, the Captains, Ship Medic, or Dean of Students (hereafter "caregiver") who will be caring for my dependent for the period August 17, 2020 through June 1, 2021 to arrange for routine or emergency medical and/or dental care and treatment necessary to preserve the health of my dependent. In the event that my dependent is injured or ill while under the care of the caregiver, I hereby give permission to the caregiver to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my dependent, I direct that the caregiver attempt to contact me. However, if medical care becomes essential, I give permission to the caregiver to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my behalf for the benefit of my dependent, I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my dependent's health and relevant to any such decisions to be made respecting such treatment.

Signature of Legal Guardian

Date

Printed Name of Legal Guardian

Printed Name of Dependent / Student

Signature of Legal Guardian 2

Printed Name of Legal Guardian 2