

**JAN'S INTERNATIONAL ASSOCIATION, INC. (NPO)**

**dba : JIA, Inc.**

**Jan Roth, President**

A California Non-Profit Public Benefit Corporation – 501c3

**AUTHORIZATION FOR MEDICAL TREATMENT - MEDICAL RELEASE FORM**

I, \_\_\_\_\_, being a legal adult of 18 years of age or older do hereby authorize and agree to receive medical treatment, should I not be consciously able to authorize same at the time of illness, accident or other emergency, as recommended by any recognized medical doctor. Such treatment may include hospitalization, surgery, the administration of drugs and medicines and/or any other type of treatment deemed necessary by a competent physician. The choice of said physician shall be at the sole discretion of JAN'S INTERNATIONAL ASSOCIATION, INC., or my host family, or their designated representatives.

I understand that, should any emergency arise requiring medical treatment of any type, JAN'S INTERNATIONAL ASSOCIATION, INC. will make every effort to immediately notify the individuals I have listed below.

In no way and under no circumstances whatsoever shall JAN'S INTERNATIONAL ASSOCIATION, INC. or my host family, or their representatives, be held liable or responsible for any illness, accident or injury which may occur during the time I am a participant in any program under their supervision. The sole exception would be gross negligence on the part of JAN'S INTERNATIONAL ASSOCIATION, INC. or my host family, or their representatives, in the performance of their duties.

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IN THE EVENT OF EMERGENCY, I AUTHORIZE JAN'S INTERNATIONAL ASSOCIATION, INC., OR THEIR REPRESENTATIVES, TO IMMEDIATELY INFORM THE FOLLOWING INDIVIDUALS, HEREIN LISTED IN ORDER OF IMPORTANCE:

	<u>Name</u>	<u>Relation</u>	<u>TEL</u>	<u>FAX</u>	<u>E-mail</u>
1	_____				
2	_____				
3	_____				

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

