



ABODE  
An American Homestay Experience

**Authorization for Medical Care  
and Treatment  
of Homestay Guests Under Age 18**

If a homestay guest is under the age of 18, hospitals and physicians sometimes require the written consent of natural parents or legal guardians before medical services can be given. In order to meet the possible and unexpected needs of your son or daughter, please read and complete the following information below, and return it to ABODE. This will facilitate medical treatment not only in an emergency, but also in situations deemed necessary by the homestay guest and the his or her host parents.

*I hereby authorize medical treatment to be given to my son or daughter by a licensed physician or hospital in the event it is determined to be necessary to preserve life, health, and well-being. I authorize the ABODE host family listed below and ABODE Director Ryoko Nabeshima to act on my behalf with regard to medical decisions for my son or daughter. I do understand and agree that I am still financially responsible for my child's medical expenses.*

**Parent's signature:** \_\_\_\_\_

**Parent's printed name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

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

**Child's printed name** \_\_\_\_\_

**Host parent's name** \_\_\_\_\_