



**SPRING INTERNATIONAL**  
LANGUAGE CENTER

## MEDICAL AUTHORIZATION FORM

*If a student is under 18 year old, a parent or guardian must complete this form.*

Student's Name: \_\_\_\_\_

I hereby authorize qualified medical diagnosis and treatment of illness or injury to this applicant, and authorize release of medical information for medical treatment and insurance purposes. I understand that I am responsible for medical expenses outside the limits of any applicable medical insurance.

Parent/Guardian Signature: \_\_\_\_\_

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

*Please email or fax your signed form to the school you are applying to:*

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