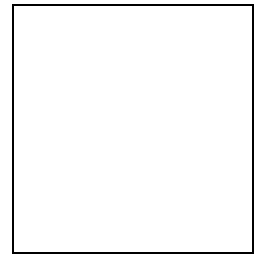




# SPRING INTERNATIONAL LANGUAGE CENTER



## MEDICAL AUTHORIZATION FORM

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

**MEDICAL AUTHORIZATION: For students under 18 years of age.**

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 mail or fax your signed form to the school you are applying to.*

**SPRING INTERNATIONAL LANGUAGE CENTER**

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