



DOMINICAN INTER-EXCHANGE AND TRAINING CENTER, S.I.R.L.

Medical Authorization and Release

On occasion, emergencies arise which may require medical care, hospitalization or surgery for a program participant. For such treatment to be administered without delay, we ask that participants complete this document, authorizing Dominican Inter Exchange and Training Center (Dominext) to release any necessary protected health information it may have collected and to secure, at the expense of the participant, any treatment deemed necessary.

In the event of injury or illness, if I am unable to do so myself, I hereby authorize the Program Director or other official appointed by Dominext at my expense, to secure any necessary treatment, including administration of anesthetic and surgery, and such medication as may be prescribed. If my condition so requires, I further authorize Dominext to provide to the health care provider abroad, any protected health information that I may have provided to it and I understand that Dominext's use and disclosure of my protected health information will be in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Additionally, I authorize Dominext to procure my evacuation to the United States.

I hereby release Dominext, and/or any cooperating institution and their officers and agents from any and all claims and causes of action for damage to or loss of property, medical or hospital expenses, personal illness or injury, or death arising out of any travel or activity conducted by or under the control of Dominext or cooperating institutions.

I will disclose in writing to my Dominext program coordinator, any special medical information (allergies, medication, condition, disability, etc.) and any other relevant information (dietary/religious restrictions, instructional aids, etc.). If requested, I will provide any relevant documentation that would facilitate attending to my specific needs. Disclosure of this information will not influence my eligibility for my program. Non-disclosure may result in my ineligibility for participation in, and/or dismissal from, my exchange program.

Emergency contact information:

Contact #1:

Name:

Phone number:

Email:

Address:



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Contact #2:

Name:
Phone number:
Email:
Address:

Contact #3:

Name:
Phone number:
Email:
Address:

I have read all the information in this document. I certify that all information I provide to Dominext is and will be true and correct. I understand that this information may be shared with my Program Director, program provider and/or host institution.

Participant's Full Name

Participant's signature

Date