



1600 W. Prospect Avenue
Appleton, WI 54914
920-733-6632
F ax: 920-733-5513

Internet: www.xhs.xaviercatholicschools.org

Medical Authorization for Treatment

In case of illness, accident or injury, we _____
(Print parents' names)

grant permission to our child's host family, listed below, to seek medical treatment at an appropriate medical facility so my child can be examined and treated. We also grant permission for our child to receive any examination required for participation in athletic programs. This authorization is valid during the time that our child is in the care of his/her host family. For further information, Matt Parish, International Student Contact at Xavier High School, can be reached at (920) 733-6632.

Student Name: _____ Phone #: _____

Insurance Policy Carrier: _____ ID Number: _____

Insurance Phone: _____

Address: _____
Street City Country

Signature of father Date

Signature of mother Date

Host Family Information

Names: _____

Address: _____
Street City State Zip

Phones: _____

Emergency Contact: _____

Phones: _____