

Pacific Ridge School Authorization Form for Global Programs

(To be completed by healthcare provider and parent/legal guardian)

Medical Authorization for Global Programs

Participants in Pacific Ridge School's Global Programs may face physically and emotionally challenging environments. These include:

- ➡ Remote or rustic settings in low- and middle-income countries
- ➡ Limited access to medical and mental health care
- ➡ Unavailable or restricted access to certain medications
- ➡ Exposure to extreme environmental conditions (heat, sun, rain)
- ➡ Group living dynamics and limited privacy
- ➡ Unfamiliar foods and cultural environments
- ➡ Inconsistent sleep and limited communication with home

Please see the "Information for Health Care Professionals" document and/or trip-specific itinerary for detailed information about this trip.

Student Information

Full Name: _____ Date of Birth: _____

Current Grade Level: _____

TO BE COMPLETED BY A HEALTHCARE PROVIDER

Based on the participant's medical and mental health history and your physical examination, do you believe the individual is fit to participate in this program? If conditional, please describe in as much detail as possible the conditions, limitations, or medical accommodations recommended.

☐ No, this student should not participate in this program ☐ Yes, without conditions

☐ Yes, with the following conditions:

Healthcare Provider Information

Physician Name (PRINT): _____

Physician License Number: _____

Physician Signature: _____ Date: _____

Parent/Legal Guardian Authorization

I understand the nature of the program described above and give consent for my child to participate.

Parent/Legal Guardian Name (PRINT): _____

Parent/Legal Guardian Signature: _____ Date: _____