



## INTERNATIONAL BUSINESS INSTITUTE

### Medical Authorization and Release

I authorize the International Business Institute (IBI) or its designee, during my participation in the study abroad program from \_\_\_\_\_ to \_\_\_\_\_, to secure and consent on my behalf to all medical, surgical, and dental care which may be reasonably required in the event of my illness or injury. Such care shall include, but not be limited to, employing physicians, surgeons, dentists, and other health care personnel, admitting me to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility, and signing all necessary consents and authorizations.

I certify that I have secured health insurance coverage to meet all needs for payment of medical costs (including those incurred outside the United States) while I am participating in the program. I release IBI, its trustees, officers, employees, agents, and representatives from any and all liability for the payment of such costs. I further release IBI, its trustees, officers, employees, agents, and representatives for any loss or damage which I may suffer as a result of such medical, surgical, or dental care.

This authorization shall be effective in the event that I am myself unable to authorize such care.

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_  
(Please Print Your Name)

Student Signature: \_\_\_\_\_

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