

CONSENT FOR MEDICAL TREATMENT

This form must be filled out and signed by ALL volunteers. A copy must be sent to MM headquarters. The *original* Consent for Medical Treatment must remain with the applicant at all times while traveling in Mexico.

CONSENT FOR MEDICAL TREATMENT

I hereby agree to the performance of any emergency medical treatment, anesthetics and operations deemed necessary by an attending physician on:

Print name of applicant

I realize this authority is being granted for domestic and non-domestic territory. I understand that I am responsible for providing medical and accident insurance to cover the activities while participating in Mexican Medical's programs.

Signature of applicant

Date