

**Alabama A&M University and Nanjing Forestry University**

**2016 International Research Experience in China**

**Consent to Treat**

I, the undersigned participant in the AAMU – NFU, China International Program, if I am unconscious or incapacitated, do consent to emergency medical treatment as recommended by a physician during my participation in the Program. Additionally, I give my permission for Program administrative staff to authorize appropriate emergency medical treatment as recommended by a physician during my participation in the Program. This authorization shall continue in force until the conclusion of the Program on July 13, 2016.

\_\_\_\_\_  
Participant's full name (printed)

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

If the participant is under twenty-one (21) years of age, a parent or legal guardian through signature below must also give their permission for emergency medical treatment under the above conditions.

\_\_\_\_\_  
Parent's / Guardian's name (printed)

\_\_\_\_\_  
Parent's/Guardian's signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**OR**

(check box) I refuse to give my consent to emergency medical treatment as recommended by a physician during my participation in the Program. Furthermore, I refuse to give my permission for Program administrative staff to authorize appropriate emergency medical treatment.

\_\_\_\_\_  
Participant's full name (printed)

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

If the participant is under twenty-one (21) years of age, a parent or legal guardian through signature below must also refuse their permission to treat the participant in the event of a health or medical emergency.

\_\_\_\_\_  
Parent's / Guardian's name (printed)

\_\_\_\_\_  
Parent's/Guardian's signature

\_\_\_\_\_  
Date (mm/dd/yyyy)