



Release of Medical Information

Note: All Project Staff 18 years of age or older must thoughtfully consider whether or not to sign this release. This release is not applicable to Project Staff under the age of 18 years old.

Beyond what I have already authorized by signing the Consent and Release Agreement for Amigos de las Américas, I, _____, hereby authorize AMIGOS and its duly authorized representatives to release, during my participation in AMIGOS' programs in Latin America, personal information concerning my physical and/or emotional health to my parent(s) or legal guardian(s), and to individuals assisting with medical communications for AMIGOS.

It is my understanding that I have the right to revoke this authorization at any time, provided that the revocation is in writing and is received by the Executive Director of the AMIGOS International Office.

Project Staff Member Signature: _____

Date: _____