

Parental Authorization Form

CANDIDATE NAME	HOME COUNTRY

CONSENT

The candidate application, pages 1 to 11, is incorporated herein by reference and this consent form exclusively applies to the candidate application.

I understand that my privacy is very important to AFS and that prior to participating in the inquiry application process in which any of my personal or sensitive information ("personal data") may be collected, AFS would like to inform me about its data protection and privacy policies and obtain my permission.

I understand and accept that AFS may process the personal and sensitive information that I have provided here, and may transmit such data to third parties for any purpose reasonably required for the proper organization and fulfillment of the AFS inquiry application process and the AFS program. I understand that the data will not be sold or otherwise transferred to third parties for purpose. AFS will transfer and store personal data in central databases in at least two locations to ensure that the data is not lost. Currently those locations are in the United States of America and in Thailand. Those databases have a restrictive access and can only be accessed by AFS employees or volunteers, both of which will use the information exclusively for the management of the AFS program operations.

By signing below, you explicitly acknowledge that AFS Intercultural Programs, Inc., its national and regional affiliates and Partner organizations (herein referred to as "AFS") are entitled to process the personal data being provided by me (including all sensitive personal data being provided) in the manner described above. You also acknowledge and confirm that all provided personal data is accurate and complete.

PERMISSION TO USE PHOTOGRAPHS AND VIDEO FOOTAGE

We agree for photographs, recordings, film and video footage (the "images") of our child that are taken during or in connection with program
participation to be used by AFS in promotional AFS materials. Promotional materials may include for example brochures, press releases, social media
campaigns, etc., By checking the below boxes we grant to AFS the right to use, publish and/or reproduce the images of our child in promotional
materials, and use her/his name in connection with the images.

	Agree.
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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND FOR RELEASE OF MEDICAL INFORMATION

Should any medical emergency arise, if time permits, AFS will communicate with us through the National Office and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS, time and circumstances do not permit communication with us, we authorize AFS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

We are aware that some local government or school authorities may require certain vaccinations in order for our child to participate in school or community responsibilities. We understand that we are responsible for any costs related to these requirements.

We hereby also authorize AFS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our son/daughter while on the program and any other information concerning such examinations or treatments.

PERMISSION FOR SCHOOL SPONSORED ACTIVITIES (FOR SCHOOL-BASED PROGRAMS ONLY)

We authorize the AFS host parents for my son/daughter during his/her participation in the AFS program to execute any authorization required by our son/daughter's school for our son/daughter to participate in any school sponsored activities, events or programs.

SCHOOL COMMITMENT (FOR SCHOOL-BASED PROGRAMS ONLY)

The student fully understands that this AFS program is school-based and family-oriented. The student intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the student should neglect the above, AFS and/or the host school has the right to deny his/her participation in classes and s/he may be sent home.

CANDIDATE NAME	SIGNATURE
PARENT/GUARDIAN 1 NAME*	SIGNATURE
PARENT/GUARDIAN 2 NAME*	SIGNATURE
DATE	PLACE

^{*} Parent/Guardian signature is required for all secondary school programs and candidates not of legal age in the country of residence.