**MYONGJI UNIVERSITY EXCHANGE STUDENT**

**GUARDIAN (PARENTAL) CONSENT FORM**

**A. Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | *EXACTLY as shown on passport* | | |
| **Gender** | Male / Female | **Nationality** |  |
| **Birthday (YYYY/MM/DD)** | / / | **Mobile Phone No.** | + |

**B. Guardian (Parent) Information (may include non-family member)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Home Address** |  | | |
| **E-mail Address** |  | | |
| **Relationship** |  | **Mobile Phone No.** | + |

I (Name of parent or guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of (student name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , give my consent for the student’s participation in the international exchange program at Myongji University during the period selected on the application form. I hereby certify that the student has taken all prescription medication while abroad and he/she has been approved by the physician his/her ability to travel under this prescribed medication. I hereby agree to assume such risk that is inherently part of traveling and living abroad, including recreational activities that are outside of my required academic curriculum as a condition of my acceptance and participation in this exchange abroad. In the event of illness, injury, or other medical emergency, I hereby grant Myongji University or any of its representatives full authority to take any action deemed necessary to protect my mental or physical health and safety, at my expense, and to secure necessary treatment, including placing me under the care of a doctor or the administration of medication as may be prescribed by a doctor. I further agree that I may be returned to my home country at my expense. I agree that if Myongji University makes any payments on my behalf, I will reimburse the University regardless of whether I deem the payments to be medically necessary.

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Guardian’s (Parent’s) Signature:

Date (YYYY/MM/DD):