



NATIONAL HISPANIC INSTITUTE
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**2020-2021 NHI Medical Authorization Form, Parent Release & Financial Policy Signatures (PLEASE PRINT CLEARLY OR TYPE)
(FOR GDx, LDZx, and CWSx ONLY)**

Program: GDx LDZ(x) CWSx
(circle one)

STUDENT INFORMATION

 First Name MI Last Name Preferred Name

 Home Address City State Zip Country

 Date of Birth (mm/dd/yyyy) Age Sex: Female Male Not Listed
 (circle one)

PARENT/GUARDIAN 1 INFORMATION

 Full Name Home Phone Cell Phone Work Phone

PARENT/GUARDIAN 2 INFORMATION

 Full Name Home Phone Cell Phone Work Phone

ALTERNATIVE EMERGENCY CONTACT INFORMATION

 Full Name Home Phone Cell Phone Work Phone

 Full Name Home Phone Cell Phone Work Phone

MEDICAL/MENTAL/HEALTH/SOCIALIZATION CONDITIONS (List any conditions or concerns that you feel is important for us to know. This may include physical conditions, mental health conditions such as anxiety or depression, conduct, concerns about being on or off particular medications, concerns about student fitting in with peer groups, etc.)

CURRENT MEDICATIONS (List all medications currently being taken by the student.)

MEDICATION AND FOOD ALLERGIES/DIETARY NEEDS (List any food/medication allergies as well as any dietary needs.)

PHYSICIAN INFORMATION (IF AVAILABLE)

 Physician Name Clinic Name Phone Number Fax Number

INSURANCE INFORMATION (IF AVAILABLE)

 Insurance Company Phone Number Group Number Policy Number

 Policy Holder's Name Relationship Home Phone Cell Phone

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STUDENT INFORMATION

First Name MI Last Name Preferred Name

ACKNOWLEDGEMENT OF MEDICAL POLICY

I, as the authorized parent/guardian, certify that the information that I wrote and/or entered online for the NHI Medical Authorization Form, Parent Release & Financial Policy Form is true and correct.

I certify that I have fully disclosed any medical, physical, mental, or emotional conditions of my child that may affect his/her ability to participate fully in the program.

I understand that participation in the National Hispanic Institute program may include participation in routine physical exercise. I grant my permission for my child to participate in routine recreational or exercise activities that are part of the National Hispanic Institute programs.

I understand that it is my responsibility to inform NHI of any changes to medical conditions and/or medications, including mental health, in writing at least 90 days prior to the start of the program by writing to admissions@nhimail.com.

In the event that my child becomes sick or injured during the program, including a suspected illness, I authorize the National Hispanic Institute to seek appropriate medical treatment and/or hospitalization as ordered or recommended by a qualified physician. This may include, but is not limited to the administration of anaesthetic, emergency surgery or medication, laboratory procedures, medical treatment, x-ray examination, or other hospital services and I assume the responsibility of all related fees and expenses arising therefrom. NHI will attempt to contact the parent/guardian or other emergency contact as shown on the NHI registration form. Consent is hereby granted to the attending physician(s), hospital(s), and or clinics to release necessary medical information to our local doctors for use in claims for insurance coverage.

I accept responsibility for the cost of such treatment and agree to cooperate with the National Hispanic Institute, its employees or officers, its insurance carriers or other related entities to ensure payment for the cost of treatment.

I further agree to provide NHI information about any symptoms of illness, particularly any communicable disease, my child may have prior to and/or during an NHI program experience. NHI may request that my child not participate if doing so poses a risk to him/herself or others. If an illness or injury results in my child's hospitalization or inability to travel home at the end of the NHI program, I agree to make necessary arrangements to have a family member or other responsible party travel to NHI's program location to provide assistance. NHI staff will be unable to remain with my child after the program ends.

I hereby release the National Hispanic Institute, its officers, agents, instructors, employees and volunteers for any and all illness, injury or accident incurred or suffered by said son/daughter while traveling to, attendance at, or participation in the program from the time of his/her departure from home until his/her return.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

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PAGE 3 (FOR GDx, LDZx, and CWSx ONLY)

ACKNOWLEDGEMENT OF FINANCIAL POLICY

I certify that I have read the **2020-2021 Parent Release & Financial Policy Agreement for GDx, LDZx, and CWSx** and agree to the terms of the policy. This also includes *Celebración 2021*, should my child be eligible to attend. **Furthermore:**

a. I understand that the program registration fee is refundable (less the \$25 application fee, \$150 deposit, and when applicable, the \$50 NHI Club membership) on a prorated basis (see below), provided my request is received to admissions@nhimail.com by the last day of each month. _____ **(initial)**

Month	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG
GDx Refundable Tuition	90%	80%	70%	60%	50%	0%	0%	0%	0%	0%	0%	0%
LDZx Refundable Tuition	90%	90%	80%	70%	60%	50%	0%	0%	0%	0%	0%	0%
CWSx Refundable Tuition	90%	90%	80%	70%	60%	50%	0%	0%	0%	0%	0%	0%

b. I understand that all qualified refunds may be issued by NHI through August 31, 2021, even if I request them well before this date. _____ **(initial)**

c. I understand that if I pay for a 2021 program and withdraw, my payments are not transferable to NHI in 2022. _____ **(initial)**

d. I understand that the \$150 security deposit will hold my spot until my tuition due date. I also understand that to hold my spot beyond my assigned tuition deadline, I must set up a payment plan with NHI or in my online account. _____ **(initial)**

AUTHORIZING SIGNATURES

I, as the authorized parent/guardian, certify that the information contained in the **2020-2021 NHI Medical Authorization Form, Parent Release & Financial Policy and Signatures** is true and correct. I understand and agree to the stipulations of the student's financial payments and the policies as stated in this release. I understand this is a fully supervised program of the National Hispanic Institute and that the program tuition DOES NOT include transportation to and from the program site and provision of devices or internet services to access the online programs. For in-person programs, NHI may provide a local airport/bus/train station transportation flat fee of \$50. Depending on student level, NHI may require a \$20 allotment for program reading materials, unless otherwise stated.

_____ GDx _____ LDZx _____ CWS _____ Cele21 _____
Full Name of Student **Program**

Signature of Parent/Guardian

_____ **Signature Date (mm/dd/year)**

Instructions

Upload this form in your online account OR scan/send to: admissions@nhimail.com
 Alternatively, mail to: NHI, P.O. Box 220, Maxwell, TX 78656 USA
 Questions: 512-357-6137
www.nationalhispanicinstitute.org