

*ProAmerican Educational And Cultural Exchange, Inc.*

**IMMUNIZATION & ACCIDENT-MEDICAL INSURANCE DISCLOSURE AGREEMENT**

*sign with initials at each paragraph*

INITIAL

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\_\_\_\_\_ I understand that immunizations recommended by the American Pediatric Association are required for admission to all U.S. schools. I guarantee that during my child's PEACE medical exam all required by the chart on the PEACE application form will be administered and dated by the examining doctor. I understand that this includes, but is not limited to, a repeat vaccination for MMR and Tetanus if my child was not re-immunized within the last ten years.

\_\_\_\_\_ I understand that I must sign an *Authorization for Treatment of a Minor* on my child's insurance card (that will arrive with his travel papers), because American doctors and hospitals will not render necessary medical treatment without parental permission. My son/ daughter understands to carry this card on his/her person at all times.

\_\_\_\_\_ I understand that PEACE accident-medical insurance does NOT cover all expenses and that I am responsible for all non-covered charges. I have read or have had a translator read to me all exclusions listed in the accident-medical insurance plan brochure or on their website.

\_\_\_\_\_ I understand that some hazardous activities (listed on the policy certificate) or website may not be insured, and that I am responsible for 100% of medical expenses if my son/ daughter is injured in non-insured activities. If my child participates in activities not insured by PEACE he/she will apply for special accident insurance offered through the host school.

\_\_\_\_\_ I understand that school sports physicals may cost from \$50 to \$100 and are not insurable, since they are not for diagnosis of injury or illness.

\_\_\_\_\_ I understand that routine dental cleanings, filling of cavities, and adjustment of braces are not insured and may cost a *minimum* of \$50-100 per incident. I have been advised to have preventive dental care administered in my country before student departure and will do so.

\_\_\_\_\_ I have been advised to provide my child, upon arrival, with \$300 emergency funds to set aside and use only to pay for sports physicals, insurance deductibles, or medical costs (such as prescription drugs) that must be paid first in cash and only later reimbursed by insurance.

\_\_\_\_\_ I have been advised that doctor visits cost at least \$60+ and hospital emergency rooms at least \$200+ and that this level of initial expenses may be a deductible not covered by standard insurance. I understand that over-the-counter medicine or first aid for minor illness or injury is a readily available, high quality, inexpensive alternative to treatment by a doctor or hospital and should be considered seriously.

\_\_\_\_\_ I understand that a claim form signed by the student is needed to claim reimbursement or authorize direct payment for medical care (provided by PEACE and available for reprinting on their website). I understand that U.S. HIPPA law requires written authorization by the patient (or parent if a minor) for the insurance company or medical provider to release medical information. I/we so authorize release to any PEACE representative or host parent all medical records pertaining to treatment of the below named student during his/her time as an exchange student.

\_\_\_\_\_ I understand that accident and medical insurance is required by the U.S. Federal government for all exchange students to be covered from arrival until departure and that minimum coverage is defined by the U.S. Department of State. I understand that if I extend my child's stay I must purchase additional coverage from PEACE for any extended time in the United States.

\_\_\_\_\_  
SIGNATURES OF BOTH PARENTS

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
PRINT NAME

DATE \_\_\_\_\_