



**2023 International Summer Intensive Medical Authorization
Required for all students under the age of eighteen (18)**

That I, _____, am
the parent and/or guardian of _____ a
minor under the age of eighteen (18) for the Summer Intensive held at the University of
Nevada, Las Vegas (UNLV) and hereby authorize UNLV employees to obtain whatever
medical and/or hospital care and treatment may be deemed necessary with their sole
discretion, while my said minor is attending UNLV international Summer intensive held at:
4505 S Maryland Pkwy, Las Vegas, Nevada 89154-5010.

Dated and Signed: _____
Signature of Parent or Guardian

Please have this form notarized, before sending in.

State of: _____

County of: _____

On the: _____ day of, _____, 20____

Before me personally came and appeared _____
Know and known to me to be the individual described who executed the foregoing Medical
Authorization and who duly acknowledged to me that he or she executed the same.

Notary Public