



LINCOLN CHRISTIAN SCHOOL

Medical Release Authorization

International Student's Full Name: _____

<i>Student DOB</i>		<i>Today's Date</i>	
<i>Parent Name</i>			
<i>Parent Signature</i>			
<i>Parent Name</i>			
<i>Parent Signature</i>			

We as parents/guardians of the named international student do hereby authorize the sponsoring host parents and or school to consent to any of the following which is deemed advisable by, and is rendered at the office of said physician/surgeon in the exercise of his/her best judgment.

X—Ray Examination Anesthetic Medical Diagnosis or treatment Surgical Diagnosis or treatment Hospital Care Other Medical Procedures _____

Parent/Guardian Name Parent/Guardian Signature Date _____

We, the undersigned, hereby waive and release all claims against the hosting family of _____ for any injury, loss, damage, accident, delay or expense occurring during our child's time spent in the USA living with a host family. We also release the hosting family and agree to indemnify them, with regard to any financial obligations or liabilities that our child may personally incur or any damage or injury to the person or property of others that our child may cause while living with their host family. We understand that our child is responsible for exercising caution and common sense at all times to avoid injuries, and that the host family cannot provide supervision or support during periods of independent travel. In the event that the host family advances or loans any money to our child or incurs additional expenses on his/her behalf, we agree to make immediate repayment to whichever party provided the loan. This agreement is governed by laws of the state of Nebraska. By signing this agreement, we understand that we are giving up the right to have any claim against the hosting family, decided in court before a judge or jury case of an emergency, I give permission for my child to receive medical treatment.

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

