



**RELEASES**

**Name of Student**

**Date of Birth (MM/DD/YYYY)**

**MEDICAL RELEASE AUTHORIZATION**

We, as parents of the undersigned student, do hereby authorize Erskine Academy and its staff and the Host Parents as agents of the undersigned Parents to consent to any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by and is rendered under the general supervision of any licensed physician or surgeon, whether such treatment or diagnosis is rendered at the clinic or by said physician or surgeon or at a hospital.

We agree that Erskine Academy or its agents can take any action whatsoever in regards to my child's health and safety without incurring any liability expense. This may include, but is not limited to, my child's placement in a hospital, use of doctor's services and transportation to my home country at my expense. This authorization shall be valid for the entire duration of the school program in which the student is participating.

Signature of both parents: \_\_\_\_\_ Date: \_\_\_\_\_

I agree – Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**TRAVEL AUTHORIZATION**

We, as parents of the undersigned student, do hereby authorize Erskine Academy and its staff and the Host Parents as agents of the undersigned Parents to make the determination for student travel for the duration of my child's participation in Erskine Academy's school program.

It is understood that this Authorization is given in advance only when the student is traveling and supervised by a host parent or by a representative of Erskine Academy. We understand that the student may not travel without proper authorization from Erskine Academy and the Host Parents.

Signature of both parents: \_\_\_\_\_ Date: \_\_\_\_\_

I agree – Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**PUBLICATION RELEASE**

I give permission for Erskine Academy to use photographs of my son/daughter to promote the international student exchange program or Erskine Academy's web site and or publications.

Signature of both parents: \_\_\_\_\_ Date: \_\_\_\_\_

I agree – Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**PROGRAM DURATION**

We, as Parents of the undersigned student, understand that the School Program terminates no more than one week following the closure of school or earlier if requested by Host Family or needed by transportation arrangements.

Signature of both parents: \_\_\_\_\_ Date: \_\_\_\_\_

I agree – Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_