



Statement of Guardianship

Name of Student

Date of Birth MM/DD/YYYY)

We grant Erskine Academy and its employees and the host family or families with whom the student may live that, at their decision, and if needed, at the cost of the student or his/her parents or legal guardians in case of expenses over the coverage of the insurance policy covering the student, the power to place the student in a hospital or in any other institution for any type of assistance or medical doctor for his/her treatment.

We grant Erskine Academy and its employees and the host family or families with whom the student may live, all necessary permissions to act "in loco parentis" or as "legal guardians" in any situation, especially in emergencies whether medical or other including the possibility of permission for surgical operations or any other treatment deemed necessary.

We grant Erskine Academy and its employees and the host family or families with whom the student may live to return the student to the country of origin at the student's cost or that of the legal guardians or parents, if necessary, to submit to medical treatment, if this is deemed necessary by the above mentioned people, after consultation with medical authorities. We confirm that at the time of signing this document, the student enjoys good health, that his/her medical record included in the student application is true and complete, and that the student is fit to engage in any physical sports activity.

We grant Erskine Academy and its employees and the host family or families with whom the student may live, permission to act on our behalf in anything pertaining to possible representation before the local authorities.

This authorization shall be valid for the complete duration of the Erskine Academy School Program in which the student is participating.

I agree –

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Representative of Erskine Academy: _____