

Medical Release and Guardianship Form

We, _____, the legal host parent(s) of _____ grant Red Creek Central School District explicit right in case of an emergency, to authorize any medical treatment deemed necessary by a member of the medical profession, in a hospital, medical clinic or doctor's office, including, but not limited to any surgical procedures; as well as treatment from a physician for non emergency conditions as well. All unpaid medical bills including, but not limited to all medical expenses that exceed the coverage provided by the student's health insurance policy, will be borne by the undersigned participant and natural parent or guardian.

We confirm at the time of signing this document, our child has perfect health and all health documents submitted are complete and true.

This document is valid for the duration of the program, or the student returns home, whichever occurs first.

STUDENT NAME _____

HOST PARENT/GUARDIAN (TYPE OR PRINT) _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____

DATE _____ SIGNATURE _____

HOST PARENT/GUARDIAN (TYPE OR PRINT) _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____

DATE _____ SIGNATURE _____