

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

FOR PARENTS

I _____ (PRINT name of student's parent) as the parent of _____ (PRINT student's name) hereby authorize Excella Education (its officers and employees) and student's host family _____ (PRINT name of the host family), full authority and permission to take whatever action they feel is reasonably warranted under the circumstances. I agree that in the event of a medical emergency Excella Education or student's host family may refer the above-named minor to a licensed medical practitioner and/or clinic and hereby consent that such physician, hospital, or clinic may treat the above-named minor in response to the medical emergency. I also hereby authorize that a photocopy of this authorization be accepted with the same authority as this original. This authority and permission includes, but is not necessarily limited to, the following: rendering or ordering medical treatment, the giving of medication, and any examinations, X-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care if and as deemed necessary.

To the fullest extent permitted by law, the undersigned hereby releases Excella Education, its officers and employees, from all liability, actions, debts, claims, demands of every kind and nature which may arise. The undersigned agree to be financially responsible for all medical attention so authorized or ordered during the student's stay in the US.

This release and waiver remain in effect until the student reaches the legal age of eighteen (18) years or sooner if revoked in writing by the undersigned.

Signature of Parent

Date (mm/dd/yyyy)