

National EXCHANGE PROGRAM



KINROSS WOLAROI
SCHOOL

STATEMENT OF GUARDIANSHIP

I/We as parent/s of the undersigned student grant Kinross Wolaroi School, all necessary permissions to act “in loco parentis” or as legal guardians in any situation, especially in emergencies whether medical or otherwise, including the possibility of permission for surgical operations or any other treatment deemed necessary.

I/we grant Kinross Wolaroi School permission to act on our behalf in anything pertaining to possible representation before the local authorities.

I/we confirm that at the time of signing this document that my/our child enjoys good health, that his/her medical record included in the student application is true and complete and that he/she is fit to engage in any physical or sporting activity.

I/We agree to reimburse Kinross Wolaroi School medical or ambulance expenses incurred by the School or the host family on behalf of my child,

I/We agree to my/our child returning to his home country if necessary in the event of illness, injury or non-cooperation under the conditions of the exchange, and to pay any expenses involved,

I/We agree to reimburse Kinross Wolaroi School and/or the host family for any damage caused by my child.

This authorisation shall be valid for the complete duration of the exchange program in which the student is participating.

Parent's name (please print)

Parent's signature

Parent's name (please print)

Parent's signature

Student's name (please print)

Student's signature

Date: _____