RED CREEK CENTRAL SCHOOL DISTRICT
PO BOX 190, RED CREEK, NY 13143

MEDICAL RELEASE AND GUARDIANSHIP FORM

We, _____, the legal host parent(s) of _____ grant the Red Creek Central School District explicit right in case of 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 that at the time of signing this document, our child is in perfect health and all health documents submitted are complete and true.

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

STUDENT NAME: _____

HOST PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

DATE: _____ SIGNATURE: _____

HOST PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

DATE: _____ SIGNATURE: _____