



Holland Christian Schools
956 Ottawa Avenue, Holland, Michigan 49423

Medical Authority Release & General Release

Medical Authority and Release

We the parent(s)/guardian(s) of the undersigned student do hereby authorize the Holland Christian Schools (School) staff and/or the home-stay parents to consent to any X-ray examinations, anesthetics, medical, surgical diagnosis, treatment, or hospital care which is deemed advisable by and rendered under the general supervision of any licensed physician or surgeon, whether such treatment or diagnosis is rendered at the office of said physician or surgeon or at a hospital.

It is understood that this authorization is not given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the School to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforesaid physician or surgeon, in the exercise of his/her best judgment, may deem advisable.

General Release

We, the undersigned, do waive and release all claims against the School for the injury, loss, damage, accident, delay, or expense resulting from the student's participation in the International Student Program at Holland Christian Schools. We also release the School and agree to indemnify him/her, with regard to any financial obligations or liabilities that the applicant may personally incur, or any damage or injury to the person or property of others that the applicant may cause while participating in the International Student Program.

We understand that the School is not responsible for any loss or injury suffered by the applicant during periods of travel. If the student becomes ill or incapacitated, the School and/or home-stay family may take such actions as it considers necessary, including securing medical treatment and transporting the student home at his or her own expense. We release the School from all liability related to such actions. We understand that the student's participation in the Program may be terminated at the discretion of the principal without any refund or fees, and that the student may be sent home at his or her own expense if he or she does not adhere to the School's guidelines and rules as set out by the Student Handbook.

I have read the above and agree to both the Medical Authority Release and the General Release.

Name of Student

Student Signature

Date

I/we, the parent(s)/guardian(s) of the student signing above, have read and agree to be bound by all of the above, including both the Medical Authority and Release and the General Release.

Name of Parent/Guardian

Parent/Guardian Signature

Date

Name of Parent/Guardian (spouse)

Parent/Guardian Signature (spouse)

Date