

MEDICAL AGREEMENT AND RELEASE

1. In the case of medical emergency, should I/we not be immediately available for consultation, I/we, as the applicant's parent(s) or legal guardian(s), give permission to the physician selected by MLI, the Host Family or the school officials to hospitalize, secure proper treatment for, and to order injections, immunizations/vaccinations, anesthetics or surgery for my/our child.

2. For simple headaches, fever or other minor pain, I/we permit the host family, MLI or the school staff to administer the prescribed dose of:

Aspirin

Acetaminophen (ex. Tylenol)

Ibuprofen (ex. Advil, Motrin)

3. I/we hereby agree that the relationship and the resolution of any and all disputes arising therefrom between ourselves and health services provided through MLI, the Host Family or the school officials, shall be governed by and construed in accordance with the laws of the province in which the programme is operated. I/we hereby acknowledge that the treatment will be performed in the province in which the programme is operated and that the courts of that province shall have jurisdiction to entertain any complaint, demand, claim or cause of action whether based on alleged breach of contract or alleged negligence arising out of the treatment. I/we hereby agree that if I/we commence any such legal proceedings they will be only in the province in which the programme is operated, and hereby irrevocably submit to the exclusive jurisdiction of the provincial courts.

4. I/we confirm that my/our child is not affected by or does not have a history of medical, psychiatric or emotional difficulties, nor does my/our child have any condition that would impact the success of his/her international student programme.

Signature of parent _____ Date _____

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