



STATEMENT OF AUTHORIZATION/MEDICAL RELEASE

In the event of a medical or other emergency, I authorize

(name)

(address)

(telephone number)

to act as legal guardian of my _____.

(son/daughter)

(student's name)

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I will not hold The Pacific Language and Cultural Exchange or the host family responsible for any personal injury, damages, claims or loss of life or personal property during my son/daughter's stay in the U.S.

Date: _____

Parent's Signature: _____

Parent's Address: _____

Parent's Telephone Number: _____

eslmedicalrelease.doc

The Pacific Language And Cultural Exchange

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