



### Medical Release

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

I/We, the aforementioned parent(s)/guardian(s), authorize Golden Hills International's appointed custodian (or the delegated alternate caregiver) to consent to any necessary medical treatment or procedures on behalf of my/our child during their stay in Canada.

Necessary medical treatment includes:

- Ordinary medical or dental care, such as inoculations, examinations, treatment for minor illnesses and injuries, and other routine procedures that do not require hospitalization, surgery, or general anesthetic.
- Admitting the applicant to the hospital.
- Any procedure requiring hospitalization, surgery, or general anesthetic when immediate measures are necessary to preserve the child's life, health, or physical well-being, and if waiting for consent from a parent or guardian will delay treatment long enough to endanger the child's life.

I/We understand that the medical insurance provider for Golden Hills International will not cover pre-existing conditions. I/We agree that if my/our child has a pre-existing medical condition, any required treatment will be provided at our cost or by medical insurance coverage at home. In the event of a medical emergency, I/we authorize Golden Hills International to undertake any action deemed necessary for the health and safety of my/our child. I/We understand that all expenses not covered by Golden Hills International's medical insurer will be my/our responsibility as parent(s) or guardian(s) and agree to pay immediately for any related invoices.

If a student exhibits or develops serious mental or physical health concerns, Golden Hills International will seek reasonable short-term treatment but reserves the right to return a student home to the care of their parent(s) or guardian(s).

**By signing below, I agree that I have read, understand, and agree to all terms of the Medical Release.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date