



colibriboston

MEDICAL RELEASE

MEDICAL RELEASE FORM

We, _____, the legal parent(s) or guardian(s) grant Colibri Boston, its International Coordinators, the school explicit right in case of an emergency, to authorize 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.

Colibri _____ will be the full guardian for, (student name) _____, and will have the right to authorize treatment from a physician for non-emergent conditions as well. In the case that said medical expenses exceed that of the coverage provided by the insurance policy, all of said expenses will be borne by the undersigned participant and natural parent or guardian. We will pay all outstanding medical bills as soon as they are brought to our attention.

We confirm at the time of signing this document, our child has perfect health and all health documents submitted are complete and true.

We grant Colibri Boston, its International Coordinators and school permission to represent our child before local or state authorities. If an attorney is required, we will provide all costs and fees necessary to ensure proper representation.

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

Additional services provided by Colibri Boston include: monthly reports on student progress at school and general updates on student's well being, emergency number in the United States for student and parent, support with organizing student accommodation when school dorms are closed i.e. holiday (camps, homestay), assistance with securing airport transfers and pick-up.

Parent/Guardian 1, Name (type or print) _____

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian 1, Signature _____ Date: _____

Parent/Guardian 2, Name (type or print) _____

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian 2, Signature _____ Date: _____

COLIBRI BOSTON Representative _____

COLIBRI BOSTON Signature _____ DATE _____