

CLASSICAL CHRISTIAN SCHOOL FOR THE ARTS

MEDICAL RELEASE

Student Name: _____

PARENT AUTHORIZATION

1. PARENTAL PERMISSION TO PARTICIPATE:

My son/daughter has my permission to apply for and to participate in an international study experience sponsored by Classical Christian School.

2. MEDICAL RELEASE AUTHORIZATION:

I/We, the legal guardians of _____, hereby authorize CCSA, it's representatives, school or the host family to seek medical attention on behalf of the student named above in the event of sickness, accident, or other medical emergencies during the program. I/We also authorize any physician to release any information acquired in the course of examination or treatment. I/We certift that the above information is correct. This authorization shall be valid for the entire duration of the program.

Agreed and Accepted by:

Student's Name: _____

Legal Guardian (1) _____ Date: _____

Legal Guardian (2) _____ Date: _____