

**SUMMIT CHRISTIAN ACADEMY - Exchange Student (F-1) Program**

**Authorization and Consent of Parents or Legal Guardians:**

1. I hereby declare that I have legal custody of the following child: \_\_\_\_\_
2. I hereby grant my full permission and consent for the temporary guardian to establish a place of residence for my child, and for my child to reside and travel with said temporary guardian.
3. I hereby grant the temporary guardian my full authorization to make all decisions related to my child's educational, religious, and recreational activities and undertakings.
4. I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.
5. This authorization is effective commencing on the \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_ and expiring on the \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_\_.
6. For the duration that the temporary guardian cares for my child, the costs associated with the child's maintenance, living expenses, medical, and dental expenses shall be the responsibility of the parent.

**Consent of the Parents**

*I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with terms.*

Parent #1 Full Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent #2 Full Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent of the Temporary Guardian (Host Parents)**

*I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with terms.*

Temporary Guardian #1 Full Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Temporary Guardian #2 Full Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This document needs to be filled out and signed by the parents/legal guardians prior to the student arriving in the United States.***