



MEDICAL AUTHORIZATION

Medical Consent Statement: I have provided Lynn-Rose College with all necessary medical information and I can be reached at the number(s) listed. I give permission to the summer program staff to secure medical treatment on my behalf in the event of an accident, or illness involving my child names above. I authorize staff to administer first aid to my child in an emergency as deemed appropriate by the attending physician(s).

Parent/Guardian Signature: _____ Date: _____

MEDIA CONSENT

As various pictures are taken throughout the summer of the students. By signing below, you give permission for the use of your child's image in our advertising brochure, website etc.

Parent/Guardian Signature: _____ Date: _____

CONSENT AGREEMENT

I/We agree that Lynn-Rose College shall not be liable for any injury to my child or loss of damage to my child's personal property arising from, or in any way resulting from my child's participation in program activities.

I / We understand that Lynn-Rose College has the right to withdraw my child from the program due to behaviour problems without any refund of fee.

I have read, accept and agree to the above Consent Agreement for ESL Summer Program at Lynn-Rose College.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

OFFICE USE ONLY

STUDENT NAME: _____ DATE RECEIVED: _____

METHOD OF PAYMENT: _____ DATE OF PAYMENT: _____

ENGLISH LEVEL/COURSE PLACEMENT: _____

