



Medical Consent Form

I/we the parents and/or guardians of _____
hereby grant Children's Language Immersion Program, LLC and its owners,
managers and employees full authority to take whatever actions they deem
necessary regarding my child's health and safety in the event I cannot be
reached. I agree to hold harmless Children's Language Immersion
Program, LLC, and its owners, managers its employees from any and all
liability in connection with those decisions. I grant emergency treatment by
a rescue squad, private physician and/or hospital or emergency health care
facility staff if needed. Any such action will be taken in the best interest of
my child and will be reported to me as soon as possible.

**I HAVE READ AND UNDERSTAND THIS MEDICAL CONSENT FORM AND
SIGN VOLUNTARILY AND ENTIRELY OF MY OWN FREE WILL.**

Parent 1/Guardian1 printed name _____

Parent1/Guardian1 Signature _____ Date_____

Parent 2/Guardian2 printed name _____

(optional Parent2/Guardian2 Signature _____ Date_____