

PARENTAL AUTHORIZATION FOR MEDICAL AND SURGICAL

Procedures

In the instance of an extreme emergency, we, _____, and _____, parents of _____, authorize medical treatment and/or surgical intervention as judged necessary by medical authorities. With the exception of an extreme emergency, we will be kept informed by the host parents, to whom we have given the custodianship of our child for the duration of the Student Exchange and by Belcanfran, before our child receives medical treatment and/or undergoes surgery.

Parent Signature

Parent Signature

Health Certificate

1 - TO BE COMPLETED BY THE FAMILY DOCTOR:

I, Doctor _____ certify that _____ has been examined by me and found to be in good health, and able to participate in all physical activities as a student on an exchange program. To the best of my knowledge, this candidate has not suffered during the past ten years from tuberculosis or other infectious disease.

A - Immunization record

B - Pertinent medical history and other comments re: state of health, allergies, medications, etc.

Doctor signature

2 - TO BE COMPLETED BY EXCHANGE STUDENT OR PARENTS:

Family Doctor's Name: _____

Phone number: _____ Provincial Health Card Number: _____

Address: _____

Home Environment

Describe your environment: Large city, small city, suburb, rural area

Type of home:

House Townhouse Apartment

Do you smoke?

Yes No

Will your partner have his/her own room?

Yes No

Are there any smokers in your home?

Yes No

Will share with

If yes, do they smoke indoors?

Yes No

Do you have any pets at home?

Yes No

Please describe

Divorced parents or custody of the child by a legal guardian

Name and address of Parent or Legal guardian who will have the custody of the child

Please indicate the address and information of the parent or legal guardian who shares the custody of the exchange partner:

Last Name (as appears on your passport)

Given names (as appears on your passport)

Sex:

Female Male Other

Date of birth:

Day Month Year

Address

City

Apartment number

Province

Postal code

Cell phone (parent):

Email:

Custody agreement:

Please explain how custody will be shared during the exchange student's visit (school week, weekends, holidays) and the family make-up (indicate if there are step-parents, children...):

To be completed by the candidate

Please give us an accurate and detailed response to the following

1. Languages spoken at home in order of fluency:

2. Describe your personality (traits of character, personality, qualities, values, ...):

3. My expectations from this exchange are:

4. I plan to do the following activities with my partner:

a) During the week (hobbies, sports, friends...):

b) During the week-end, and holidays:

5. Write a paragraph describing your school:

To be completed by the parents

1 The household tasks our children are responsible for and the responsibilities you expect of your exchange student are:

2. Rules and expectations we presently have for our son / daughter which will apply to the exchange student. (I.e. number of nights out, curfews, etc.)

3. Our home description which includes , the number of bedrooms, the neighbourhood, and the distance from downtown and mode of transportation is:

4. Does anyone living in your home have a physical, mental or medical condition that affects or could affect daily life in your family?

No Yes

Please explain

5. Describe your family life, the home atmosphere, your preferred topics of discussion at home, and activities shared by the whole family.

a) Lifestyle:

b) Activities shared by the whole family:

c) Father: Work schedule, sports, hobbies, personality:

d) Mother: Work schedule, sports, hobbies, personality:

Signature of both Parents / Legal guardian

Signature of both Parents / Legal guardian

Signature of the candidate

Pictures

Please upload and give a brief description of each picture:

1.
Home (exterior)

2.
Home (interior)

3.
Your family

4.
Your partner's room

5.
Others

6.
Others

7.
Others

8.
Others