



Horowhenua College Medical Waiver and Release

- a) As the parent of the applicant, I hereby consent and agree to authorise Horowhenua College to act in loco parentis for the applicant in any emergency, accident or illness arising during the time the applicant is a student at Horowhenua College. This includes the right to give permission for surgery or other urgent treatment.
- b) I also agree that Horowhenua College shall not be liable for any medical or other misadventure occurring for their acting in loco parentis for the candidate in any such situation, provided that all decisions taken were made in good faith and with the best information available at that time.
- c) I agree to Horowhenua College taking out a comprehensive medical, accident and travel insurance for the candidate which complies with the minimum standards set down by the NZ Ministry of Education as appropriate for foreign students (if this is requested and has not already been organised by the Agent) and that I have reviewed the schedule of benefits and limitations of the insurance cover and agree that additional medical or other costs beyond the limits of the insurance policy will be my responsibility.
- d) I authorise Horowhenua College to release from the programme and return the applicant to my care and supervision in the event that any condition or illness (including pregnancy) pre-existing or otherwise, manifests itself or recurs or which is not covered by the terms of the insurance and which renders the continuation of the applicants programme impractical or impossible or unwarranted.
- e) I also agree that Horowhenua College shall not be responsible for any expenses incurred by reason of treating any such illness or pre-existing condition or otherwise as set out in paragraph (d) and that I agree to meet these and any other additional costs associated with an early return of the applicant if such a course of action is deemed necessary by Horowhenua College in those circumstances.

Signature _____ (Father) Date _____

Print name _____ (Father)

Signature _____ (Mother) Date _____

Print name _____ (Mother)

Both parents sign