

VISITING STUDENT PROFILE

MEDICAL RELEASE FORM

Study Tour Group:

Student Name:

Blood Type:

Do you have any allergies ? ☐ No ☐ Yes (please tick one)

(if yes, please advise type):

Do you have any illness/medical condition ? ☐ No ☐ Yes (please tick one)

(if yes, please advise type of treatment / medication):

Name of Travel Insurance Company:

Message to your Host Family:

Student Name:

Date:

Blood Type:

Date:

I/we consent to the aforementioned overseas student named in this form participating in all study tours and homestay activities (both on and off the school and homestay premises) including any excursions and trips arranged by the school and homestay provided during the program.

I/we consent to the aforementioned overseas student named in this form, in the event of an emergency, using ambulance transportation and or receiving such medical or surgical treatment as may be deemed necessary. This may include, but not be limited to, placement in a hospital, use of doctor's services and transportation to the home country.

I/we are responsible for all costs incurred in providing medical treatment and associated service to the student, as aforementioned.

I/we agree to reimburse the host family, the local school or the homestay organization for any damage the aforementioned overseas student named in this form may cause.

I/we consent to the aforementioned overseas student named in this form, being photographed/filmed for publication within the NSW Department of Education and Communities' newspaper, external publication, internet site, television and on other associated promotional material

Please attach passport size photo to the front of this form