



Statement of Guardianship

We grant Global Study Connections its employees, academic program coordinators, the educational institution where the student may be assigned, and the homestay family with whom the student may live that, at their decision, and if needed, at the cost of the student or his or her parents or legal guardians (in the case of expenses over the coverage of the insurance policy covering the student) the power to place the student in a hospital or in any other institution for any type of assistance or medical treatment or, if there is no appropriate institution available, to place the student under the care of a local medical doctor for his or her treatment.

We grant Global Study Connections, its employees, academic program coordinators, the educational institution where the student may be assigned, and the homestay family with whom the student may live, all necessary permissions to act “in loco parentis” or legal guardians in any situation, including emergencies, whether medical or other, including the possibility of permission for surgical operations or any other treatment deemed necessary by a medical professional.

We authorize Global Study Connections, its employees, academic program coordinators, the educational institution where the student may be assigned, and the homestay family with whom the student may live to return the student to the country of origin at the student’s cost or that of the legal guardians or parents, if necessary, to submit to medical treatment, if this is deemed necessary by the above mentioned people, after consultation with medical authorities. We confirm that at the time of signing this document the student is in good health, that his or her medical record included in the student application is true and complete, and that the student is able to engage in any physical sport activity.

We grant Global Study Connections and the homestay family, its employees, academic coordinators, the educational institution where the student may be assigned, and the homestay family with whom the student may live, permission to act on our behalf in anything pertaining to possible representation before the local authorities.

This authorization shall be valid as long as the student remains with Global Study Connections

Date: _____

Student’s Name: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____