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Biarritz, France Supervised Teenager/Group Program

For 15 to 17 years old students
Going out permission - Medical release

*Dear parents,
BLS objectives are to successfully and fully integrate your daughter / son into their host family. Would you please fill in and sign this form, which we will then convey BLS school staff and the assigned host families. This form will enable the host family to understand and respect your daughter's / son's education at home.*

Date of course.....

Under my responsibility, my daughter / son (name & surname).....
can only go out at night in Biarritz unaccompanied until 11 pm from Monday through Thursday. He/she can only go out at night until midnight on Fridays and Saturdays.

I understand that students who do not comply with the above rules will receive a warning. Consequently if students continue to violate the BLS rules then they will be dismissed from the programme and sent home at their parent's expenses and will not be entitled to a refund.

In case of an emergency I can be reached at (please provide telephone number):
.....

Alternatively please contact (name).....
Tel n°.....

I, as Father or Mother or guardian, of the undersigned student, do hereby authorize the BLS staff or the host family to consent to any X-ray examinations, anesthesia, medical surgical diagnosis, treatment or hospital care which is advisable by and is rendered under the general supervision of a licensed physician or surgeon. We also agree that if the applicant becomes ill or incapacitated, BLS may take such actions as it considers necessary including securing medical treatment and transporting the applicant home at his own expense. We release BLS from all liability related to such actions. The students must notify prior to the program any serious medical problems.

We hereby confirm that we have taken a medical insurance covering personal accident, illness, hospitalization and repatriation.

Name.....Surname.....

Signature.....Date.....