



CEPEO's International Student Program

Student Name: _____ Date of Birth: _____

HOMESTAY CONSENT AND RELEASE

We, _____, as parents of the undersigned student, hereby consent to have our "Child" participate in the Homestay Program offered by Canada Homestay International and CEPEO's International Student Program network.

We hereby release the aforementioned parties, their officers, employees, servants, agents, contractors, and subcontractors from any and all claims against them that arise out of the involvement of our "Child" in the Homestay Program (except claims arising from negligence on the part of Canada Homestay International and CEPEO's International Student Program network).

"IN LOCO PARENTIS" PERMISSION AGREEMENT

We, _____, as parents of the undersigned student, do hereby authorize the staff of CEPEO's International Student Program network; the homestay coordinator; and the host family or families with whom the student may live, all the necessary permissions to act "in loco parentis" in any situation, especially in emergencies whether medical or other including the possibility of permission for surgical operations or any other treatment or interventions deemed necessary for the duration of the student's period of study with our school board.

TRAVEL AUTHORIZATION

We, _____, as parents of the undersigned student, do hereby authorize the staff of CEPEO's International Student Program network; Canada Homestay International's homestay coordinators; and the host family or families with whom the student may live, to make the determination for student travel for the duration of the student's period of study with our board.



It is understood that this Authorization is given in advance only when the student is travelling and supervised by a host parent or by a representative of a school program. (Travel to and from Canada will be the responsibility of the student's parents.)

Name of Father or Legal Guardian (*print*)

Name of Mother or Legal Guardian (*print*)

Signature of Father or Legal Guardian

Signature of Mother or Legal Guardian

Date

Date