

Faith Christian Academy

25 Golf Club Lane, Poughkeepsie, NY 12601
Tel 845-462-0266 Fax 845-462-1561
www.faithchristianacademy.org

Emergency Consent & Custodian Agreement

For International Students & Host Families

1. STUDENT INFORMATION

Full Name on Passport (Last, First, MI): _____

Nickname _____ Student's Email _____

Student's Cell Phone _____ Sex (M/F) _____ Date of Birth ____/____/____ Grade _____

Home Address _____

City _____ State _____ Zip Code _____ Country _____

2. HOST FAMILY/CUSTODIAN INFORMATION

Primary Host Parent/Custodian _____

Address _____

Telephone (H) _____ (W) _____ (Cell) _____

Email (H) _____ (W) _____

Secondary Host Parent/Custodian _____

Telephone (H) _____ (W) _____ (Cell) _____

Email (H) _____ (W) _____

3. AUTHORIZATION FOR CARE AND TREATMENT - Self-authorization by a student is not permitted.

I hereby authorize the designated Host Family to administer medical care and treatment, including medication and immunizations, and routine diagnostic tests for injuries and illness my child may incur while at school. I agree to notify the host family of any conditions arising when my child is not at school. I authorize the release of information and medical records to facilitate the medical, surgical or psychiatric care of my child. In the event of an emergency, illness or injury in which a delay may jeopardize the life or recovery of my child and I am unable to be contacted, I authorize the Host Family to assume the responsibility for the care and treatment of my child which may include hospitalization, diagnostic tests and/or surgery. I also authorize the release of education records and advocacy to the Host Family.

Parent Signature (Father) _____

Date: _____

Please print name: _____

Parent Signature (Mother) _____

Date: _____

Please print name: _____

4. DATES OF EMERGENCY CONSENT AND CUSTODIAL AGREEMENT

Approximate dates of stay with Host Family and enrollment at FCA: From: _____ To: _____

5. INSURANCE INFORMATION – Please attach a clear copy, front and back, of the student’s insurance card. Valid medical insurance is required for all students and it is the responsibility of the natural parents to select the policy best for their child’s circumstances. Neither Faith Christian Academy nor the Host Family/Custodians are responsible for any medical billing and should not extend financial credit on behalf of this international student.

6. HEALTH ASSESSMENT – Please attach a complete copy of the student’s medical records for the Host Family to have in case of emergency or needed medical treatment or US-certified physician’s evaluation.