



Date of student's last Tetanus shot: \_\_\_\_\_

As the parent/guardian, I hereby give permission, in case of accident and/or surgical emergency, to Le Monde Immersion and Le Programs LLC, as well as their agent(s) or representative(s), to seek medical attention for my child and give permission to the applicable physician to hospitalize, secure treatment for and to order injection, anesthesia, or surgery for my child, as named above, according to medical standards and expertise then and there available whether known or unknown. I acknowledge that I or we will be contacted first whenever possible.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date