



13.16.15.11

KINGSWAY CHRISTIAN EDUCATION ASSOCIATION INC.

Authority to administer medical care and deed of release

I/We HEREBY AUTHORISE AND DIRECT Kingsway Christian College or any person it delegates or directs to provide medical care and attention to:

- My child
➤ My children; and
➤ Any child under my care

And I/we further AUTHORISE AND DIRECT Kingsway Christian College or any person it delegates or directs to admit them to any hospital or other medical facility that Kingsway Christian College or its delegates considers is appropriate.

I/We HEREBY FOREVER RELEASE AND DISCHARGE to the extent permitted by law Kingsway Christian College and Kingsway Christian Education Association Inc. and its delegates, employees or agents from any liability whatsoever in respect to any act or omission in connection with the provision of the medical care it or its delegates provide to:

- My child
➤ My children; and
➤ Any child under my care.

Signed as a Deed:

Signed (parent/guardian 1)

Print name in full (parent/guardian 1)

Signed (parent/guardian 2)

Print name in full (parent/guardian 2)

Signed (witness)

Print name in full (witness)

Address (witness)

Occupation (witness)

Date: / /