

AUTHORIZATION FOR MEDICAL TREATMENT
NOVA SCOTIA – QUEBEC STUDENT EXCHANGE PROGRAM

The original signed version of this authorization must be brought by the student to the airport on the day of departure for Quebec. An electronic copy must be sent by email to the Provincial Exchange Coordinator by the date indicated in the original message to which this document is attached.

I, _____, the undersigned, being the _____
(name parent/guardian) (parent/guardian)

of _____ born on _____,
(name of student) (date of birth)

authorize _____ and _____
(name of parent/guardian 1, host family) (name of parent/guardian 2 host family)

of _____
(host family's address)

to act as guardian of my child while they are under their authority during the Nova Scotia-Quebec Student Exchange Program. This authorization applies to medical treatment, including surgery and anesthetics.

This temporary authorization is valid from February to April 2026.

Your Nova Scotia Address

Phone numbers: Home : (____) _____

Parent/guardian 1: _____

Work phone (____) _____ Cell phone: (____) _____

Parent/guardian 2: _____

Work phone (____) _____ Cell phone: (____) _____

If your child has a medical issue, it is important that you inform the Quebec host family and the school concerning the best way to manage the condition. Where appropriate, please ask your family doctor or other health care provider to also provide pertinent information.

It is expected that you will make the arrangements through your health insurance policy at work, through Medavie Blue Cross or any other private medical care insurer to ensure that your child has the necessary medical coverage while residing in Quebec.

Signature of holder of parental authority 1

Date

Signature of holder of parental authority 2

Date



**Education and
Early Childhood Development
Éducation et
Développement de la petite enfance**

**French Second Language Division
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