

**OPERATION AND STAFF MANAGEMENT**

**SHAPE INTERNATIONAL SCHOOL - CANADIAN SECTION ENROLMENT PROCEDURES**

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**SHAPE INTERNATIONAL SCHOOL CANADIAN SECTION  
SPECIAL MEDICAL POWER OF ATTORNEY**

KNOW ALL PERSONS BY THESE PRESENTS:

That I, \_\_\_\_\_, do hereby appoint *SHAPE International School, of Mons, Belgium*, my true and lawful attorney-in-fact to do the following in my name and on my behalf on all SCHOOL ACTIVITIES:

To do all that is necessary or desirable for maintaining the health of my child

\_\_\_\_\_.

Specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed physician and to execute any consent, release or waiver of liability required by Medical or dental authorities incident to the provision of medical, surgical or dental care to

\_\_\_\_\_ by qualified medical personnel.

Giving and granting individually unto said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the specified particulars mentioned in the paragraph immediately above, as fully and effectual to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorney lawfully done pursuant to the authority herein above conferred.

I understand that in the event of emergency treatment, major diagnostic surgical or invasive procedure, notification of the patient's sponsor will be arranged as soon as possible, ideally prior to any treatment.

This Special Medical Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Special Power of Attorney shall become NULL and VOID

on \_\_\_\_\_.

SPONSOR'S NAME: \_\_\_\_\_

DUTY PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

SPONSOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_