



## **Parent/Guardian Letter of Agreement**

Gift of life is pleased to offer its surgical services to your child. It is our Mission to provide to children throughout the world an opportunity to receive the critical medical care they need to survive and reach their full potential. Because of our unique program, which brings children and one parent or guardian out of their country to receive surgical and recovery care in Jamaica, we have an imminent responsibility to the hospital, and medical providers that partner with us to provide such care.

The purpose of this document is to safeguard our program so GOL can assist children in the future. We require each parent/guardian to read, understand, and sign this document and will abide by them. Not abiding by these rules jeopardizes the program for other children in the country that you come from.

1. GOL agrees to provide the opportunity for your child to come to Bustamante Hospital for Children in Kingston, Jamaica, for surgical and recovery services for the amount of time that the attending surgeon and medical team recommend.
2. GOL agrees to locate and arrange for basic lodging, transportation and food, if needed, while your child is in medical care.
3. After surgery and the recovery process is deemed over by the attending doctor, and when GOL is instructed that the child is medically able to return home, GOL will immediately assist in the travel arrangements from Kingston, JA. The parent/guardian will then immediately return back to \_\_\_\_\_(home country), with the child, regardless of time, if any, remaining on the Visa for the child.
4. During the surgical and recovery process, the parent/guardian will remain in the city of Kingston, and will stay with the child the entire time. This is crucial for quick and safe recovery of a child after this surgery. If the child has family residing in the US, they are welcome to come and visit the child in the city of surgery.
5. Parent/Guardian agrees to acquaint themselves with the rules provided to them by the family that hosts them.
6. All Medical information provided is accurate and complete, and the Parent/Guardian authorizes the release of all medical records, images or photos to participating medical professionals for review and treatment.
7. The parent/guardian understands that:
  - a. The ultimate decision on whether and what surgical procedures the child will receive will be made by the physician accepting the child for service.

- b. As a result, there is no guarantee that the child will receive surgical services.
- c. If the child does receive surgical services, there is no guarantee that they will be successful, or that the outcome will include any benefits or results.
- d. That the surgery is inherently dangerous and there is a risk of unsuccessful outcomes.
- e. In no event will GOL, the Hospital, or Medical Professionals be liable for expenses or outcomes of the child or guardian.
- f. The guardian will accept responsibility for follow up care for the child when back home.

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Parent/Guardian Signature

Date

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Witness

Date