



GUEST EMERGENCY RELEASE

Student's full name _____ Grade _____

While every precaution will be taken to ensure the health and safety of your child, we cannot rule out the possibility of sickness, disaster or accident. In case of an emergency, please complete the following information so your child may receive medical help if required, or be released to another adult if parents are unavailable.

FAMILY CONTACT INFORMATION

Mother/Guardian _____ Daytime phone _____

Address _____

Father/Guardian _____ Daytime phone _____

Address _____

Relative/neighbor _____ Daytime phone _____

Relative/neighbor _____ Daytime phone _____

International students must provide contact information for guardians in the USA, not parents overseas.

MEDICAL INFORMATION

ALLERGIES - please list any known allergies your child has to food, medication or insect stings/bites:

Date of last tetanus shot _____

Doctor's name _____ Phone _____

Health Insurance Provider _____

Policy # _____ Phone _____

Medical Authorization Release

I, the parent/legal guardian of _____ do hereby appoint Judson International School as agents to act on my behalf in authorizing any x-ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for this minor in my absence. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, to give specific consent for any and all treatment that may be deemed advisable.

I understand that Judson international School has no insurance beyond a school accident policy for each student. I agree that any medical or hospital costs incurred for treatment aside from an accident are my sole responsibility.

This document may be relied upon by any licensed physician, surgeon, dentist or appropriate hospital representative in accordance with section 6910 of the Family Code of California. I authorize any hospital which has treated the above named minor to surrender physical custody of the minor to my above named agent. This authorization conforms to Section 1283 of the Health and Safety Code of California.

Please date and sign:

Mother/Guardian (please print) _____

Signature _____ Date _____

Father/Guardian (please print) _____

Signature _____ Date _____

Please also read and complete the other side of this form



RELEASE & WAIVER OF LIABILITY

1. I, _____, the parent (or legal guardian) of _____ acknowledge and agree the I understand the nature of the activities that my child will participate in at Judson International School, and that my child is qualified, in good health and in proper physical condition to participate in these activities.
2. I understand I will receive written notification of all field trips, sports events and other activities that require my child to leave the school campus while at school.
3. Because Judson International school does not own vehicles, I understand that parents will provide transportation for field trips, sports events and other school activities. I release Judson International School and the parent driving from any legal obligations should harm happen to my children.
4. I give / do not give permission for my child's art work and/or photos of my child to be used by Judson International School in their publications, advertisements or website. I waive all right to any possible monetary gain from the use of these items.
5. I fully accept and assume all risks and all responsibility for losses, costs and damages incurred as a result of my child's participation at Judson International School.
6. I release , discharge, covenant not to sue, and agree to indemnify, save and hold harmless Judson International School from all liability, claims, demands, losses and damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of Judson International School. Furthermore, I will indemnify Judson International School from any litigation expenses, attorney fees, loss liability, damage or cost if any may occur as the result of any such claim.
7. I understand that Judson International School assumes no liability for students who leave the designated areas of campus without Judson staff supervision.

I HAVE READ THE ABOVE RELEASE & WAIVER. I FULLY UNDERSTAND & AGREE TO ITS TERMS.

Mother/Guardian (please print) _____

Signature _____ Date _____

Father/Guardian (please print) _____

Signature _____ Date _____