



## EMERGENCY FORM 2009-2010

There may be circumstances during the regular operation of the school and Extended Day, and/or during natural disasters where the school would not be able to contact a parent or legal guardian to obtain permission to administer medical or dental care. Please read and sign the form below to allow such care in these emergency situations.

***As the parent or guardian of \_\_\_\_\_ I hereby give consent to Shu Ren International School to provide all emergency dental or medical care prescribed by a duly licensed physician or dentist for my child(ren). This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.***

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Names of parents and/or guardians: \_\_\_\_\_

Home Phones: \_\_\_\_\_

Cell Phones: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICAL CONDITIONS or ALLERGIES for your child:

(Please contact the school during the year with any updated changes to your child's medical conditions).

\_\_\_\_\_

\_\_\_\_\_

Family Physician & contact information:

\_\_\_\_\_

\_\_\_\_\_

**In the event of an emergency, it may be necessary to evacuate the campus. Please list below the names of individuals to whom the school can release your child in the event a parent or guardian is not able to come to campus. We suggest you include at least one other Shu Ren family. In addition, please also include an out-of-state contact in case of an emergency.**

Name:

Daytime Phone:

Cell Phone:

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_