

Santa Barbara Chinese School
EMERGENCY MEDICAL RELEASE AND LIABILITY WAIVER FORM

Personal Information:

Student 1 Name: _____ Birth Date: _____ Food allergies: _____

Student 2 Name: _____ Birth Date: _____ Food allergies: _____

Parent/Guardian 1 Name: _____ Email: _____

Mobile Phone: _____ Home Phone: _____

Parent/Guardian 2 Name: _____

Mobile Phone: _____ Home Phone: _____

Emergency contacts WHEN THE PARENT(S) CANNOT BE REACHED:

Name: _____ Relationship: _____

Mobile Phone: _____ Home Phone: _____

Permission to Participate; Release, Waiver of Liability and Indemnity Agreement:

I/we give permission for _____ (name(s) of child/youth) to participate in the activities of Santa Barbara Chinese School on the campus and elsewhere. In consideration of the opportunity of my/our child to participate in the activities of Santa Barbara Chinese School, I/we release Santa Barbara Chinese School, its staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child arising from my/our child's participation in the activities of Santa Barbara Chinese School; and I/we agree to indemnify and hold forever harmless Santa Barbara Chinese School, its staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child arising from the activities of Santa Barbara Chinese School or resulting from traveling to or from the activities.

Authorization to Obtain Urgent or Emergency Medical Care:

As the parent(s) or legal guardian(s) of _____ (name(s) of child/youth), I/we give permission for Santa Barbara Chinese School, its staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

NOTICE: THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE THE MEMBER MAY PARTICIPATE IN SANTA BARBARA CHIENSE SCHOOL. IF MEMBER IS UNDER 18, A PARENT OR GUARDIAN MUST SIGN THIS FORM.

I/we understand and agree that this permission, agreement and authorization shall remain in effect until revoked in writing by me/us.

Signature of Parent/Guardian: _____ Date: ____/____/____