



Medical Waiver Form

I, the parent/guardian (name) _____ do hereby grant permission for (student name) _____ to participate in the following school sponsored event _____ .

STUDENT INFORMATION:

Date of Birth: Yr/Mo/Day _____ Social Security #: _____

Hospital of choice for treatment in Seoul: _____

INJURY WAIVER

If an injury should occur to this student while on the activity described above, I will not hold the school or its personnel responsible beyond the limits of the accident insurance policies of the school. I understand that the policies are available for my inspection at the Business Office of the school.

MEDICAL TREATMENT AUTHORIZATION

This is to authorize the Seoul Foreign School adult chaperone(s) during the activity mentioned above the right to request and approve needed medical treatment of this student.

Limitations (if any):

CONTACT INFORMATION

Home Phone: _____ Work Phone: _____

Cell Phone: _____

PLEASE PROVIDE THE NAME AND PHONE NUMBER OF SOMEONE ELSE WE CAN CONTACT IN AN EMERGENCY IF WE CANNOT REACH ANYONE AT HOME OR WORK.

Name _____ Phone Number _____

Both the parent/guardian and student must sign below for trip authorization.

Parent Signature _____ Date _____

Student Signature _____ Date _____