



## EMERGENCY CONTACT FORM

Family ID: \_\_\_\_\_

### STUDENT INFORMATION:

Student's Name: _____	Class: _____	Birth Date: ____/____/____
Student's Name: _____	Class: _____	Birth Date: ____/____/____
Student's Name: _____	Class: _____	Birth Date: ____/____/____

### PARENT CONTACT INFORMATION:

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ CA Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student : \_\_\_\_\_

Emergency Day/Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Alternate Work/Cell # (\_\_\_\_\_) \_\_\_\_\_ Email : \_\_\_\_\_

Parents are called if the child demonstrates signs of illness or injury suggesting a doctor's attention. Should parents be unreachable or in case of an emergency, children will be transported by paramedics to the nearest hospital.

**ALLERGIES** (Medical, Food, Environment, etc.) and Health Concerns: \_\_\_\_\_

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(in case of more than one student, please specify the student name associate with allergies.)

**Does your child have updated immunization?** Yes  No

Pediatrician: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Med. Plan# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

### Individuals (must be at least 18 years of age) to call in case Parents cannot be reached :

Name	Daytime Phone	Address	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____

### OUT-OF-STATE Disaster Preparedness Contact Person:

Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**(please continue to next page)**

## **MEDICAL/PHOTO RELEASE AND LIABILITY WAIVER FORM**

### **PERMISSION TO OBTAIN MEDICAL TREATMENT:**

I, the undersigned, give the staff of SCCCA/Irvine Chinese School or the individuals listed above permission to obtain whatever medical attention is needed, including emergency care and paramedics, for my child should I be absent. I assume full financial responsibility for all medical expenses incurred.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **PHOTOGRAPH/VIDEO RELEASE STATEMENT:**

I, the undersigned, hereby grant permission to SCCCA/Irvine Chinese School the right to use and copyright photographs/videos of my child without restriction for any purpose such as (but not limited to) promotion, advertising, and public relations. I hereby release and discharge SCCCA/Irvine Chinese School from any and all claims and demands arising out of or in connection with the use of the photographs/videos, including any and all claims for libel.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **LIABILITY WAIVER:**

I, the undersigned, hereby release SCCCA/Irvine Chinese School or their association (including but not limited to staffs, teachers, and volunteers) from any and all liability arising from the participation of the above program/activity. I understand that SCCCA/Irvine Chinese School, are not obligated to provide medical insurance for the participants. In case of emergency, I consent that SCCCA/Irvine Chinese School associates seek for medical assistance for my necessary and notify the undersigned.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_