



EMERGENCY CONTACT FORM

Student's Name: _____ Grade (9/2010): _____ Birth Date: _____ / _____ / _____

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Address: _____ City: _____ CA Zip: _____

PARENT CONTACT INFORMATION:

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: _____

 (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 _____

Dentist: _____ Phone (_____) _____ Med. Plan# _____

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 summer camp activities. 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: _____