



SCIS Medical Release Form

In the event of an injury or illness of a student while away on China Trips, school personnel will notify parents as soon as possible and suggested treatment will be confirmed. In an unfortunate emergency circumstance in which a student must seek immediate treatment without opportunity to contact parents prior to agree upon treatment, it may become the trip leaders' responsibility to make a decision which will ensure the student's critical well-being. It is essential that all information below is precise and accurate.

Student's name: _____ Date of birth: _____

Father's name: _____ Mother's name: _____

Primary phone: _____ Work phone: _____

Insurance provider: _____ Insurance plan number: _____

Emergency Contacts:

1. _____ Tel. Number: _____

2. _____ Tel. Number: _____

Medication: List any medication(s) your child will be taking while traveling and instructions.

1. _____

Please inform us of any **medical problems or allergies** of which we should be aware.

1. _____

We, the undersigned parents of _____, do hereby authorize and empower the SCIS Trip Supervisors to make any and all decisions concerning the *emergency* medical and/or surgical care of our child during the period of China Trips.

All hospitals, clinics and or other similar facilities, as well as all doctors, nurses, medics, or other medical personnel may rely on the decisions and authorizations of any of the above named persons concerning whatever care or treatment, including surgical procedures, they deem necessary.

Father's signature

Mother's signature

Date: _____