

DULWICH INTERNATIONAL | SUZHOU | HIGH SCHOOL PROGRAMME

苏州德威国际课程高中项目 · 苏州工业园区德闳高级中学



Emergency Care Permission

In the event that my child has an accident or illness, the school nurse/first aider feels it necessary my child may be referred to the medical facility and will make every reasonable effort to contact myself or the emergency contact person prior to medical treatment or hospitalization. If my child requires hospitalization, any procedures, surgery, or anesthesia that may be necessary to save the life of my child may be done via phone consent with myself or my spouse or an emergency contact person. All medical fees and any other expenses shall be borne by me.

If reasonable efforts to contact me, or my spouse, or an emergency contact person are not successful, the school is authorized to:

1. The school nurse/first aider is authorized to do CPR, automated external defibrillator (AED), and other first aid care necessary to attend to my child to save my child's life before the ambulance arrives at the site.
2. Take my child to seek emergency medical care
3. Fill in and sign the forms and other documents necessary to consent to any procedure, surgery, or anesthesia if, in the judgment of the medical staff, such treatment is needed to save the life and treat the emergency medical conditions of my child
4. Incur and pay any medical, hospital, and ambulance expenses on my behalf as a result of such injury or illness, including those that may not be covered by my insurance.

I further acknowledge that I am responsible for updating the student health information provided herein to the school and that all information I have provided in this document is complete and correct.

Mother's name and phone number:

Father's name and phone number:

Emergency contact person: (When parents cannot be reached)

Name:

Relationship

Phone number:

Parent signature:

Date: