



International Academy of Suriname Medical Release Form

PLEASE USE INK

Student Name _____ Male ____| Female ____| Date of Birth(mm/dd/yy) _____

Parents Address _____ Grade _____

Home Phone _____ Work Phone 1 _____ Work Phone 2 _____ Cell/Mobile 1 _____ Cell/Mobile 2 _____

Medical Insurance Provider _____ Policy No. _____

Primary Care Physician (PCP) _____ PCP's Phone _____

Person to contact in case of emergency _____

Relation to Student _____ Alternative Phone _____

Medical Information (check and explain all that apply) *If more room is needed, write the additional comments on back.*

- Allergies _____
- Medications (dosage and times) _____
- Counseling currently or in past 3 years (If yes, for what) _____
- Depression or behavioral concerns _____
- History of any other medical conditions (please list and explain): _____

Permission and Release to Treat

In case of an emergency, you are authorized to take such measures necessary and arrange for such medical and hospital treatment, as you may deem necessary for the health and well being of my child. I release the International Academy of Suriname, the staff, and volunteers from any claim or any liability due to sickness or injury to my child. I authorize and release the International Academy of Suriname, the staff and volunteers to speak to my child's Primary Care Physician, as they may deem necessary, and I waive any claim of medical privilege.

I attest to the fact that the above named child is covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency or treatment. *I agree to accept full responsibility to pick my child up or arrange for ground/air travel home immediately in the event of illness, accident, or for disciplinary reasons which may be deemed appropriate or necessary by decision of the International Academy of Suriname Staff.* I agree to comply with the decisions of the Attending Medical Team regarding my child's ability to attend any event or activity. IAS Staff will defer to the Attending Medical Team with regard to decisions that fall outside the staff's areas of expertise and will refer you to the Medical Team Leader with regard to the above. I understand that the IAS Staff and the Attending Medical Team **must** make decisions that protect the health and welfare of the group attending any event or activity.

My signature below also indicates that I agree to the following:

- My child will be current on all immunizations.
- If my child has any communicable illness (strep, flu, mono, etc) within a week prior to participating in a school activity, a written doctor's release is required stating it is safe for my child to participate and there is no likelihood of others contracting the illness.

Signature of parent or legal guardian

Print name and relationship to student

Date

Release of Claims

In consideration for being accepted by the International Academy of Suriname, Lawtonlaan 20, Paramaribo, Suriname, for any and all planned activities and trips, we (I) do for ourselves (myself) [and for and on behalf of my child –participant] do hereby release, forever discharge and agree to hold harmless the International Academy of Suriname and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and the child - participant that occur while said child is participating in an activity or trip.

Furthermore, we (I) [and on behalf of our (my) child – participant] hereby assume all risk of personal injury, sickness, death, damage and expenses incurred attendant thereto.

The undersigned further hereby agree to hold harmless and indemnify said school, its directors, employees, agents and all volunteers, for any liability sustained by said school as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Further, should it be necessary for the participant to return home during an activity or trip due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

This document remains in effect until written retraction is made; a duplicate copy will be considered as valid as the original.

Parental or Custodial authorization is requisite to any child’s participation in the event/activity.

Signature of parent or legal guardian

Date

Print name and relationship to student

Additional Comments from Medical Information

For office use

Signature

Name (Printed)

Date