

# Sammamish Chinese School Summer Program

## CONSENT FORM

I hereby give my permission and consent for my child \_\_\_\_\_ to participate \_\_\_\_\_

programs (including field trips) at Sammamish Chinese School (SCS). Students will be supervised at all times while they are at the SCS. I understand that SCS will take every precaution and care to ensure my child's safety. Teachers will provide proper supervision and will exercise every precaution to avoid accidents. I hereby release SCS, and all adult leaders from any liability and from any and all claims against them, individually or collectively, for any injuries which might be received during my child's participation in the programs at SCS.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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### Medical Information

Child's doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital preference \_\_\_\_\_

Does your child have any life-threatening allergies? \_\_\_\_\_ To what \_\_\_\_\_

Are there any health concerns or conditions that we should know about \_\_\_\_\_

I hereby give my permission and consent for SCS to take my child \_\_\_\_\_ to the nearest doctor/hospital should in case of a medical emergency, and the doctor on call, or the doctor contacted, have my full permission to treat or render emergency care.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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### Pictures and Videos

I give permission for my child to be included in pictures and videos connected with the school program.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_