

# PERMISSION FOR EMERGENCY CARE

GERMAN INTERNATIONAL SCHOOL WASHINGTON D.C.

TEL.: (301) 767-3800

(To be completed by parents)

Bus Route: \_\_\_\_\_

Grade: \_\_\_\_\_ A  B

Name of Student: \_\_\_\_\_  
(Last, First, Middle)

Date of Birth: \_\_\_\_\_  
(dd/mm/yyyy)

Name of Parent: \_\_\_\_\_ Address: \_\_\_\_\_  
(Main Contact first) (Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
First Contact (Parents/Guardian1) Second Contact (Parents/Guardian2) (Parents/Guardian1) (Parents/Guardian2)

Email (Parent/ Guardian 1): \_\_\_\_\_ Email (Parent/ Guardian 2): \_\_\_\_\_

Parent's Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

1. The school has permission to call my family physician or another physician in an emergency in case my family physician or I cannot be contacted.

Name of Family Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Is the student under medication or treatment on a continuing basis?

Yes \_\_\_\_\_ No \_\_\_\_\_ Specify \_\_\_\_\_

Does student have any other illness or impairment (e.g., allergies, asthma, seizure, ...)?

Yes \_\_\_\_\_ No \_\_\_\_\_ Specify \_\_\_\_\_

2. In an emergency, the school has my permission to take my child to the emergency room of the nearest hospital in case I (or my physician) cannot be contacted and the hospital medical staff has my authorization to provide treatment, which a physician deems necessary for well-being doing of my child.

*I understand that this document may be electronically signed, and by indicating my assent below, I am agreeing to the use of electronic signatures. I understand and agree that my electronic signature will have the same legal effect and validity as a written signature, and that this form is valid and will be given the same legal effect as a written and signed form. I understand that if I do not wish to sign this document electronically, I can request a paper copy of this document from the School, or I can print the document, sign it, and return it to the School.*

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_