

PERMISSION FOR EMERGENCY CARE

GERMAN INTERNATIONAL SCHOOL WASHINGTON D.C.

TEL.: (301) 767-3800

(To be completed by parents)

(please print in black)

Bus Route: _____

Grade: _____ A ☐ B ☐

Day(s) of Visit

From:

To:

Payment for Visits: (Just for Internal Use)

Name of Student: _____
(Last, First, Middle)

Date of Birth: _____
(dd/mm/yyyy)

Name of Parent/Guardian1: _____
(Main Contact)

Address: _____
(Street) (City) (State) (Zip Code)

Name of Parent/Guardian 2: _____

Address: _____
(when different from Main) (Street) (City) (State) (Zip Code)

Home Phone/ Cell: _____
(First Contact (Parents/Guardian1) (Second Contact (Parents/Guardian2) (Host/ Guest)

Email (Parent/ Guardian 1): _____ Email (Parent/ Guardian 2): _____

My child has a medical condition (asthma, allergies, diabetes, other...) yes ____ no ____

may need medication while at school yes ____ no ____

For each “yes” - please specify: _____

Also, for each “yes”:

By signing below, I certify that I contacted the GISW Health Room at 301-767-3814 or healthroom@giswashington.org regarding my child's medical needs and that my child has been cleared to attend school. In case of a medical emergency, the school staff has my permission to provide first aid to my child and to alert the ambulance to get my child transported to the nearest emergency room. I 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 effect as a written and signed form.

Signature of Parent/Guardian _____ Date _____