

Student Health and Health Insurance Contact Information

Student Name: _____ Health Ins Company: _____

Insurance Policy # _____ Emergency Contact: _____ Phone _____

Medication: Yes No If Yes, List: _____

Allergies: Yes No If Yes, List: _____

In an emergency the school has my permission to take my child to the emergency room of the nearest hospital when I cannot be contacted and the hospital staff has my authorization to provide treatment which a physician deems necessary for the well-being of my child. I relieve the school of responsibility in case of accidental injury during all activities. I also understand that my child may be disciplined if breaches of rules and regulations occur, and assume responsibility for damage to school property brought about by my child.

Parent/Guardian Signature: _____ Date: _____

Authorization and Release Form for BCS Internet Web Page and School Publication

For consideration received I hereby authorize Baltimore Chinese School, its affiliates, successors and assignees and any person acting under its permission and authority, to reproduce, publish and circulate photographs of me on the Baltimore Chinese School Internet Web Page and School Publications, and I hereby grant, assign and transfer to Baltimore Chinese School all of my rights regarding the use of such photographs of my child
_____.

I acknowledge that I have read and understand this Authorization and Release.

Student Name/Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____