

Lehigh Valley Chinese School (LVCS) Medical Release Form

Please fill out and return this form to the Lehigh Valley Chinese School.

	<u>Name [First MI Last]</u>	<u>生日[Date of Birth]</u>	<u>Employer</u>
First student	_____	_____	_____
Second student	_____	_____	_____

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

電話 / Telephone: _____(Home) _____(Cell)

電子郵政信箱 / Email Address (*): _____

Authorization: Yes No

1. I hereby authorize the Lehigh Valley Chinese School to make treatment decisions on my behalf, including X-ray examinations, anesthetic, medical, or surgical diagnoses, and medical care at a licensed hospital under the supervision of licensed physicians and/or surgeons in the event of my medical emergency.
2. In the event of a medical emergency, the following people can be contacted:

_____	_____	_____
Emergency contact	Address	Phone
_____	_____	_____
Emergency contact	Address	Phone

Type of Medical Insurance Plan _____ Policy# _____

These authorizations shall remain in effect until the student(s) withdraw(s) from the Lehigh Valley Chinese School unless notified sooner in writing.

I understand that LVCS will do its best to provide a safe and healthy environment for students. However, I will be responsible for all the liabilities for attending the school if an unexpected accident, catastrophe, or disaster should occur.

_____	_____	_____
Signature	Date	Telephone