



# Bay Valley Chinese School

## 灣谷中文學校

### Form 2

#### EMERGENCY INFORMATION

Class In 2017-2018: \_\_\_\_\_

Student English Name: \_\_\_\_\_ 學生中文姓名: \_\_\_\_\_

#### Parents/Legal Guardians:

	Father 父親	Mother 母親
English Name		
Chinese Name		
Home Phone		
Cell Phone		

#### Alternate contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy No: \_\_\_\_\_

Allergy to Medications: \_\_\_\_\_ Any Special Needs: \_\_\_\_\_

#### **PARENTAL/GUARDIAN PERMISSION/RELEASE AND MEDICAL AUTHORIZATION**

I hereby grant permission for my child (the above named student) to participate in Bay Valley Chinese School programs. On behalf of myself, my child, or my family participating in the programs or activities provided by Bay Valley Chinese School (BVCS) and/or \*\*Association of Northern California Chinese Schools (ANCCS), I agree to assume all risks of accidents or injuries sustained from whatever cause in connection therewith. I hereby release, indemnify and hold harmless BVCS, ANCCS, Charlotte Wood Middle School and/or any members of the said organizations from any and all liability, damage, claim of any nature whatsoever arising out of my child's, or my family's participation in such activities. I also grant permission for my child to receive emergency medical treatment and to be hospitalized if necessary. It is understood that every attempt possible would be made to contact me or the persons listed above before taking this action, when the situation allows.

\*\*BVCS is a member of ANCCS

\_\_\_\_\_  
Parent/Legal Guardian Signature

家長/監護人簽名

\_\_\_\_\_  
Date

日期