



Emergency Medical and Liability Release

Name of Child: _____

I, the undersigned, am the parent/legal guardian of the above-name child, who is enrolled at Austin International School.

By signing this document, I confirm that:

1. I wish to have my child registered in the program of Austin International School and to have him/her participate in any activities during the program;
2. I release Austin International School, it's directors, teachers, employees and volunteers (AIS staff) assisting during the summer camp and academic year from any liability in connection with my child's participation in any events and activities of Austin International School, which includes, without limitation, any liability related to an accident, an injury or illness suffered by my child;
3. I authorize Austin International School and persons associated therewith to consent to medical treatment for my child, to select the medical personnel, hospitals and/or clinics to treat my child in case of any accident, injury or illness that may occur;
4. In the event of an emergency, I authorize Austin International School to contact my child's doctor, to administer first aid, to take my child to a clinic or hospital (emergency room) or to take any other action deemed necessary by the school or its employees.

Physician's Name _____

Physician's Address _____

Physician's Phone Number _____

Signature of Parent or Guardian

Date