



Child Release for Authorized Pick-ups

Name of Child _____

Persons Authorized to Pick up Child:

I authorize the following individuals to pick up my child from school ANYTIME (include parents' names, cross out any spaces not used):

Name _____	Phone # _____	Relationship _____
Name _____	Phone # _____	Relationship _____
Name _____	Phone # _____	Relationship _____
Name _____	Phone # _____	Relationship _____

Additional parties who you wish to allow for pick-up will be received on a case by case basis provided you give the school notice, in writing via email, by 2 p.m. the day of pick-up. AIS administration may verify the source of the email by confirming with you by telephone.

In Case of Emergencies, when I/we are unavailable*, please indicate the following:

(*The parents will always be the first people contacted in an emergency.) The following individuals can be called in case of an emergency if I/we cannot be reached, and I authorize these individuals to come and get my child if I cannot be reached:

Name _____	Phone # _____	Relationship _____
Address: _____		
Name _____	Phone # _____	Relationship _____
Address: _____		

Signature of parent or guardian Date

Address City State Zip Code



Statement of Special Needs

Name of Child: _____

• Does your child have any allergies? Yes no

If yes, please explain: _____

• Does your child have any existing illnesses? Yes no

If yes, please explain: _____

• Does your child have any disabilities? Yes no

If yes, please explain: _____

• Has your child had any previous serious illnesses, injuries, or hospitalizations during the last six months? Yes no

If yes, please explain: _____

• If your child has any other special needs, please describe them for us:

Signature of parent or guardian

Date

Address

City

State

Zip Code



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

