



FRENCH AMERICAN INTERNATIONAL SCHOOL

STUDENT MEDICAL INFORMATION AND RELEASE OF LIABILITY

Participant's Name: _____ Date of Birth: _____

Address: _____

Parent or Guardian's Name: _____

Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

Parent or Guardian's Name: _____

Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

EMERGENCY CONTACT(S) *(if parent or guardian cannot be reached)*

Name: _____ Phones: _____

Name: _____ Phones: _____

MEDICAL INFORMATION

Doctor's Name: _____ Phone: _____

Name of medication(s) prescribed by doctor: _____

Reason for medication(s): _____

Possible side effects: _____

List any past medical conditions, including major injuries or illnesses: _____

List any allergies (medications, food, other): _____

List allergic reactions: _____

List any physical restrictions for medical reasons: _____

MEDICAL INFORMATION *(continued)*:

Date of last tetanus inoculation: _____

Will your child be carrying any over-the-counter medication? _____

Will your child be carrying an inhaler? EpiPen®? _____

Are there any other health-related matters of which the chaperones should be aware? _____

INSURANCE INFORMATION

Name of Insurance Company: _____

Policy Number: _____

Insurance Company's Address: _____

Insurance Company's Phone Number: _____

AUTHORIZATION TO PROVIDE MEDICAL TREATMENT IN CASE OF EMERGENCY

In the event that Participant requires medical attention for any illness, accident, or any other reason, I, the undersigned parent or guardian, hereby request and authorize FAIS staff, any parent chaperone, or adult member of the Participant's home-stay family to seek prompt medical treatment for the Participant at any physician's office, hospital, or other health care provider, and request and authorize any physician, hospital, or health care provider to provide any necessary medical treatment promptly, whether or not I can be contacted and informed.

RELEASE OF LIABILITY

THE UNDERSIGNED PARENT OR GUARDIAN ON BEHALF OF HIM/HERSELF AND THE PARTICIPANT HEREBY RELEASES THE FRENCH AMERICAN INTERNATIONAL SCHOOL, ITS AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, INCLUDING ANY LIABILITY FOR CLAIMS BASED UPON NEGLIGENCE, FOR DAMAGE OR INJURY TO HIM/HERSELF OR TO THE PARTICIPANT OF ANY KIND WHICH MAY RESULT DIRECTLY OR INDIRECTLY AS A RESULT OF PARTICIPATION IN THIS ACTIVITY TO THE EXTENT THAT SUCH DAMAGE OR INJURY IS NOT COVERED BY OR EXCEEDS THE COVERAGE LIMITS OF ANY POLICY OF INSURANCE ISSUED TO THE FRENCH AMERICAN INTERNATIONAL SCHOOL. FURTHERMORE, THE UNDERSIGNED PARENT OR GUARDIAN, ON BEHALF OF HIM/HERSELF AND THE PARTICIPANT, AGREES TO INDEMNIFY AND HOLD THE FRENCH AMERICAN INTERNATIONAL SCHOOL, ITS EMPLOYEES, AND AGENTS, HARMLESS FROM ANY AND ALL LIABILITY FOR DAMAGE OR INJURY OF ANY KIND THAT OCCURS OR IS ALLEGED TO HAVE OCCURRED AS A RESULT OF THE NEGLIGENCE OR INTENTIONAL CONDUCT OF THE PARTICIPANT.

Parent or Guardian Signature: _____ Date: _____