



*Appendix B of the AISA Handbook*

Association of International Schools in Asia

## AISA Medical Release

Student name:

Parent e-mail address:

Home phone:

Mobile phone:

Passport #:

Nationality:

Father's name:

Mother's name:

### **MEDICATION**

List any medication(s) that your son/daughter will be taking while traveling.

- 1.
- 2.
- 3.

List any medical problems or allergies that we should be aware of.

- 1.
- 2.
- 3.

### **AUTHORIZATION FOR MEDICAL TREATMENT**

We, the parents of \_\_\_\_\_ (child's name), do hereby authorize and empower any of the following persons named below to make any and all decisions concerning the medical and/or surgical care of our child.

The following person(s) are authorized and empowered to-wit:

Coaches, chaperones, tournament directors, school nurses, and all hospitals, clinics or other similar facilities, as well as all doctors, nurses, medics, paramedics or other medical personnel who may rely on the decisions and authorizations of any of the above described persons concerning whatever medical care or treatment, including surgical procedures, they deem necessary for our child.

Executed this day:

Father's signature:

Mother's signature:

Print full name of father:

Print full name of mother: