

# 緊急醫療及活動參與授權書

1029 West Capitol Avenue, West Sacramento, California, 95691 USA  
(916)374-8268 cdr@cityofdharmarealm.org

## 緊急醫療及活動參與授權書

根據加州民法第25.8條之規定，茲授權2 \_\_\_\_\_ 為小兒/女 \_\_\_\_\_ 在校期間安排必要之緊急醫療措施。本人同意負擔所有之醫藥費用，絕不將任何責任加諸。

本人亦同意小兒/女參加 \_\_\_\_\_ 所舉辦的各項活動(含旅遊)。小兒/女若非住宿生，本人將準時接送小兒/女上下學。本人瞭解 \_\_\_\_\_ 無需對小兒/女於上課前後滯留校園之一切行為及安全負責。若小兒/女因故不能上學時，本人將按照規定辦理請假。本人並瞭解若小兒/女無故曠課或缺課過多將遭退學之處分。(請在中、英文二種授權書上簽名，否則無效。)

父母或監護人簽名: \_\_\_\_\_ 關係: \_\_\_\_\_ 日期: \_\_\_\_\_

醫生姓名: \_\_\_\_\_ 電話: \_\_\_\_\_

醫生地址: \_\_\_\_\_

父親姓名: \_\_\_\_\_ 住家電話: \_\_\_\_\_

公司電話: \_\_\_\_\_ 緊急電話: \_\_\_\_\_

住址: \_\_\_\_\_

母親姓名: \_\_\_\_\_ 住家電話: \_\_\_\_\_

公司電話: \_\_\_\_\_ 緊急電話: \_\_\_\_\_

住址: \_\_\_\_\_

父母及監護人以外之緊急聯絡人姓名: \_\_\_\_\_

關係: \_\_\_\_\_ 住家電話: \_\_\_\_\_

公司電話: \_\_\_\_\_ 緊急電話: \_\_\_\_\_

住址: \_\_\_\_\_

*Educating for filiality, service, humaneness, and integrity*

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## CONSENT FOR EMERGENCY MEDICAL TREATMENT & PROGRAM PARTICIPATION

In accordance with the provisions of Section 25.8 of the California Civil Code, I hereby authorize **The City of Dharma Realm** to procure medical, dental, and hospital care for my child \_\_\_\_\_ in the event of injury or illness while my child is in the care of the above school. I understand and agree that I am financially responsible for any care or services provided. I hereby waive all liability of the above school for any and all accidents, mishaps, or other injuries not covered by the insurance in force.

Permission is also granted for my child to participate in all field trips and activities of the school my child is enrolled in. If my child is a day student, I further agree to bring and call for my child promptly on the days and times that he/she is scheduled for. I understand that the school cannot assume responsibility for children left of the campus before and after program hours. In case my child is ill or cannot attend, I agree to notify the school that day; and I understand the unexcused or excessive absences may result in suspension and/or expulsion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Other person to contact in case of an emergency: Relationship to child: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_