



# Permission to Treat and Waiver of Liability

The Parents of \_\_\_\_\_ hereby give permission for any adult affiliated with the Swedish School of Atlanta to get any medical attention necessary in the event of emergency for above mentioned minor(s) should the parent (s) be unavailable and/or unreachable.

The child may be transported to any medical facility that the emergency medical response professionals deem appropriate or to the closest Emergency Room or Children's Healthcare of Atlanta facility.

The parents of \_\_\_\_\_ hold Swedish School of Atlanta harmless for any injuries or accidents that occur during Swedish School related activities. Additionally, parents agree to hold harmless Atlanta International School and its respective officers, directors, employees and agents. Parents understand that the children participate in school activities at their own risk.

\_\_\_\_\_  
Name of Parent (s)

\_\_\_\_\_  
Name of Parent (s)

\_\_\_\_\_  
Signature (s) of Parents

\_\_\_\_\_  
Signature (s) of Parents

Prepared on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Parent (s) cellular phone number (s) \_\_\_\_\_

Emergency contact other than parent \_\_\_\_\_

Copy of insurance card or

\_\_\_\_\_

Insurance Company \_\_\_\_\_

Customer Service Number \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Group # \_\_\_\_\_

\_\_\_\_\_