



QSI INTERNATIONAL SCHOOL OF CHONGQING

EMERGENCY INSTRUCTIONS

In the event a student is injured or for any other reason needs emergency attention, the following information is required:

NAME OF STUDENT(S) _____

TELEPHONE(S) at which parent may be reached: OFFICE _____
 HOME _____
 MOBILE _____

If no phone contact is possible, please give an address or instruction to be reached.

If unable to reach a parent, indicate other persons to contact with address and phone numbers.

Name: _____ Tel: _____
Address: _____

If emergency medical care is required, do you authorize school authorities to initiate medical care, possibly to include locating a nurse or doctor? ___ YES ___ NO

If you have a preference for a doctor or hospital, please indicate below:

In an emergency, I authorize school authorities to take any steps necessary to administer medical treatment to the child(ren) in the event one of my child(ren)'s parents is not available at the time.

(Signature)

(Date)