

International Christian Education Mission

Clear Lake Christian School



Emergency Release Form for International Students

I, _____, do give my permission to International
(print full name)
Christian Education Mission and anyone involved with this organization, including host
parents, to seek medical attention for my child, _____.
(print child's full name)

I authorize all medical procedures and medications deemed necessary for the
health of my child for the duration of their attendance at Clear Lake Christian School.

Parent Signature

Date

List any allergies, especially to medicine.

Give an emergency contact number, including the country code.

Give the name and number of your child's physician.

List any additional medical information you feel is important for us to know.
