SWEDISH SCHOOL OF ATLANTA
PERMISSION TO TREAT and WAIVER OF LIABILITY

The parents of
_____ 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 minor(s) should the parents be unavailable/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 activities. Additionally, parents agree to hold harmless Atlanta International School and their respective officers, directors, employees, and agents. Parents understand that the children participate in school activities at their own risk.

_____ _____
Name of Parent(s) Signature(s) of Parent(s)

Date: _____, 2008.

Insurance Company/Policy Name_____

Insurance Policy #_____ Group #_____

Insurance company customer service phone numbers_____
Parents cell phone
numbers:_____

In case parents are unreachable please call:
_____
Contact name & phone numbers