



EMERGENCY INFORMATION
International Community School
27A Jubilee Road, SINGAPORE 128575
Tel: (65) 6776-7435

Please fill out this form using **BLOCK LETTERS** and return it within the first week of school. This form will be brought on all field trips and sports events outside school.

Students's Name: _____ Grade: _____

Birth Date (date/month/year): _____ Passport Country: _____

Father's/Guardian's Name: _____

Hand phone: _____ Home phone: _____ Work phone: _____

Mother's/Guardian's Name: _____

Hand phone: _____ Home phone: _____ Work phone: _____

Emergency Friend: _____

Hand phone: _____ Home phone: _____

Health Concerns:

Is the child receiving continuing medical care? _____

Is the child taking any medication regularly? _____

Is child using any medical device? _____

Is child allergic to any medication, food or anything else? _____

Preferred hospital: _____ Preferred physician: _____ Phone: _____

List any other important medical information that would be helpful for us to know:

Parental permission:

I give permission for my child, to be given Panadol (Paracetamol) for minor aches and pains. **Yes / No**

It is the responsibility of the parent/guardian to notify the school in writing of any changes to the information given in this form.

LIABILITY RELEASE FORM

I, parent/guardian of _____, in consideration of his/her acceptance as a student at the
 (Please print student's full name)

International Community School, Singapore, and of his/her instruction while at said school or on school related field trips, expressly assume all risks of accident and of personal injury to him/her, and loss or damage to any of his/her property regardless of the cause of the same; and completely release and hold blameless International Community School, Singapore, and the Network of International Christian Schools, and any agents and/or employees, from any and all liability.

Date: _____, 20 _____

Name (in BLOCK LETTERS): _____ (Parent or Guardian)

Signature: _____