

# SelaQui International School



In case of accident or serious illness involving my child when he/she is in attendance at the school, I request the school to inform me at the address given below. If in the judgment of the school the delay entailed in informing me would not be in the best interest of my child, I hereby authorize the school before informing me, to take my child to any physician or surgeon selected by the school and licensed under the Indian Medical Council.

I hereby consent to any and all diagnostic procedures, examinations, care and treatment as any such physician or surgeon may deem necessary or advisable. I understand that this authorization is given in advance of any specific diagnosis, examination, care or treatment being rendered and is given to provide authority and power on the part of any physician or surgeon to render any and all such diagnostic procedure, examination, care or treatment that he or she may deem necessary or advisable.

I hereby release, waive and discharge the school, its Board Members, employees, and agents from all liability to me, my personal representatives, assigns, heirs and next of kin and covenant not to use the school for any loss or damage, any claims or demands thereof on account of injury to person or property or death, arising in any way from the above given authorization and consent.

Name of the Child: \_\_\_\_\_ Class: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ PIN       State: \_\_\_\_\_

Telephone No. with STD code: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email id: \_\_\_\_\_

