

Santa Barbara Chinese School

Medical Release Form

for the school year of _____

I am the parent and/or legal guardian of _____ listed on the Santa Barbara Chinese School enrollment form. I hereby authorize the adult teacher or staff of Santa Barbara Chinese School, on behalf of said child to consent to any X-ray, examination, anesthetic or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of Medical Practices Act or dentist licensed under the provisions of Dental Practices Act and staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that reasonable effort shall be made to contact parent or legal guardian. This authorization shall be in effect from _____ to _____.

Please be aware our insurance policy does not cover children under five years of age.

Signature of Parent or Legal Guardian

Date

Student Name (Print)