

Emergency Release Statement

紧急医疗事件处理授权书

I, the undersigned, as the parent/guardian of student(s) _____ require the school to inform me immediately when an emergency incident has occurred involving my child(ren).

Phone number _____

我作为学生 _____ 的家长/监护人，要求学校在我的孩子发生紧急事故时，

在第一时间通知我本人，电话：_____

In case an emergency incident has occurred involving my child(ren), I hereby authorize Changchun American International School and/or Transpace (Changchun) Foreign Language School and/or DISC to send my child(ren) to Jilin University No. 3 Hospital (Sino-Japanese Hospital). School staff may sign their name on the medical document required for, including but not limited to, emergency medical care or surgery. 在我的孩子发生紧急事故时，我授权学校和上述单位/人员将学生送往吉林大学医院三院（中日友好医院），并授权他们按照医生的建议签署相关医疗文件，其中包括并不限于紧急医疗或外科手术。

I agree to pay all expenses for treatments, including but not limited to, emergency ambulance fee, consultation fee, operation fee, fee for aids, medical expenses, transportation fee etc. Parents should return all fees paid by the school on account. If the medical event is covered under insurance, parents should claim compensation from the insurance company and the school will cooperate accordingly. 我同意支付在孩子治疗期间所产生的相关费用，包括但不限于急诊救护费、诊疗费、手术费、看护费、医药费、交通费等。学校垫付的以上费用需及时全额归还。如医疗事件属保险承保范围，学生家长另行向保险公司提出索赔，学校会给予配合。

I authorize Changchun American International School and/or Transpace (Changchun) Foreign Language School and/or DISC to handle the medical incident, and I agree to give up any and all demands, including but not limited to, the claims, loss, damage, costs etc due to its agents, employees, representatives, the building and grounds owners, any related entities, and all others. 如果我授权长春美国外籍人员子女学校和/或长春盈佳外国语学校/或德国教学部处理此医疗事件，我同意放弃和免除对学校员工、代表、代理、管理人员的所有权利主张，包括但不限于要求、诉讼、损害赔偿、费用预计等任何形式的责任。

Please choose Only ONE below 请勾选如下其中一个选项:

☐ Yes, I agree to send my children to Jilin University No. 3 Hospital (Sino-Japanese Hospital).

我同意学校将我的孩子送到吉大三院（中日友好医院）进行救治。

☐ No, I do not agree to send my children to Jilin University No. 3 Hospital (Sino-Japanese Hospital). Please send my children to No. 1 Jilin Province Hospital. I will be fully responsible for this decision.

我不同意, 请把我的孩子送到吉林省白求恩第一医院, 而不是中日友好医院, 我将为此决定负全责。

☐ No, I do not agree to send my children to Jilin University No. 3 Hospital (Sino-Japanese Hospital). Please send my children to No. 4 FAW- Hospital, I will be fully responsible for this decision.

我不同意, 请把我的孩子送到吉大四院 (德国诊所), 而不是中日友好医院, 我将为此决定负全责。

Note: In case of an emergency requiring immediate medical treatment, students will be transported to the nearest hospital to the location of the child(ren). 如遇需紧急送医的情况, 将把孩子送至最近的医院就医。

Please assign

Emergency Contact Person #1 - Name _____ 请指定第一联络人员姓名

Relationship 关系 _____

Contact Cellphone Number 紧急联系电话 _____

Emergency Contact Person #2 紧急联络人 # 2 - Name _____

Relationship 关系 _____

Cell Number 手机号码 _____ (if #1 can not be reached 如第一联络人暂时无法联系到)

I am responsible for any consequence arising from this authorization.

我将对此授权产生的任何后果负全部责任。

Parent's Name 家长姓名

Parent's/Guardian's Signature 家长/监护人签字

Date 日期

※Changchun American International School and/or Transpace (Changchun) Foreign Language School has the right to revise this document at any time. 长春美国外籍人员子女学校将保留对此版本文件进行修改的权利。