



HENDERSON
INTERNATIONAL
SCHOOL

Medical Treatment Authorization

Student Full Name (Please Print): _____

I, as the parent and/or legal guardian of the named student, give permission to Henderson International School (“HIS”), to provide immediate medical care, including the administration of manual or AED-assisted CPR, Heimlich maneuver, oxygen or other life-saving or first aid procedures to the student, in the event of a medical emergency. In such cases, I authorize HIS, its administrators and members of the faculty and staff to activate the 9-1-1 emergency response system, or drive the student to any available physician or medical facility.

In the event of a medical emergency, and if HIS personnel are unable to reach the parent(s), I give consent in loco parentis to any doctor or medical facility to administer life-saving medical or surgical treatment and care for my child.

I understand and agree that I am responsible for any and all costs associated with providing emergency medical care to the student. As such, I agree to reimburse HIS within 15 days for any costs HIS may incur on my behalf as a result of providing emergency medical care to the student.

Release of Claims:

I agree to release and hold HIS, including its parent, subsidiary and related companies, and its and their employees, officers, directors and agents harmless from and against all claims, judgments, demands, costs and other expenses arising out of bodily injury or illness property damage suffered by my child during any medical-related actions undertaken by HIS or an authorized agent of HIS pursuant to this Authorization; excluding, however, any act of gross negligence or reckless conduct that is undertaken directly by HIS or an authorized agent of HIS pursuant to this Authorization. In no event shall HIS be responsible for any injury, illness or damage caused by the acts of third parties (e.g. physicians) who are not employees or authorized agents of HIS.

