



Instilling Goodness Elementary School
Developing Virtue Secondary School
育良小學 培德中學

City of Ten Thousand Buddhas
2001 Talmage Road, P.O. Box 217, Talmage, California 95481-0217 USA
Boys' School (707) 468-1138; Girls' School (707) 468-3896, (707) 468-3847



緊急醫療及活動參與授權書

根據加州民法第25.8條之規定，茲授權 **育良小學及培德中學** 為小兒/女 _____ 在校期間安排必要之緊急醫療措施。本人同意負擔所有之醫藥費用，絕不將任何責任加諸育良小學及培德中學。

本人亦同意小兒/女參加育良小學及培德中學所舉辦的各項活動(含旅遊)。小兒/女若非住宿生，本人將準時接送小兒/女上下學。本人瞭解育良小學及培德中學無需對小兒/女於上課前後滯留校園之一切行為及安全負責。若小兒/女因故不能上學時，本人將按照規定辦理請假。本人並瞭解若小兒/女無故曠課或缺課過多將遭退學之處分。(請在中、英文二種授權書上簽名，否則無效。)

父母或監護人簽名: _____ 關係: _____ 日期: _____

醫生姓名: _____ 電話: _____

醫生地址: _____

父親姓名: _____ 住家電話: _____

公司電話: _____ 緊急電話: _____

住址: _____

母親姓名: _____ 住家電話: _____

公司電話: _____ 緊急電話: _____

住址: _____

父母及監護人以外之緊急聯絡人姓名: _____

關係: _____ 住家電話: _____

公司電話: _____ 緊急電話: _____

住址: _____

Educating for filiality, service, humaneness, and integrity

忠孝仁義



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CONSENT FOR EMERGENCY MEDICAL TREATMENT & PROGRAM PARTICIPATION

In accordance with the provisions of Section 25.8 of the California Civil Code, I hereby authorize **Instilling Goodness Elementary School / Developing Virtue Secondary School** to procure medical, dental, and hospital care for my child _____ in the event of injury or illness while my child is in the care of the above school. I understand and agree that I am financially responsible for any care or services provided. I hereby waive all liability of the above school for any and all accidents, mishaps, or other injuries not covered by the insurance in force.

Permission is also granted for my child to participate in all field trips and activities of the school my child is enrolled in. If my child is a day student, I further agree to bring and call for my child promptly on the days and times that he/she is scheduled for. I understand that the school cannot assume responsibility for children left of the campus before and after program hours. In case my child is ill or cannot attend, I agree to notify the school that day; and I understand the unexcused or excessive absences may result in suspension and/or expulsion.

Signature: _____ Date: _____ Relationship: _____

Family Physician: _____ Telephone: _____

Address: _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Emergency Phone: _____

Address: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Emergency Phone: _____

Address: _____

Other person to contact in case of an emergency: Relationship to child: _____

Name: _____ Home Phone: _____

Work Phone: _____ Emergency Phone: _____

Address: _____