



UPWARD INTERNATIONAL SCHOOLS
CONSENT TO PARTICIPATE/RELEASE and MEDICAL AUTHORIZATION

SELECT CAMPUS	
<input type="checkbox"/>	Pines Academy Campus
<input type="checkbox"/>	Lighthouse Academy
<input type="checkbox"/>	Upward Learning Centre 1
<input type="checkbox"/>	Upward Learning Centre 2

Please complete one agreement for each homeschool or campus student.

Name of Student: _____ Date of Birth: _____

Address _____

This form is effective from the dates of August 1, 2020, THROUGH June 30, 2021.

I give permission for my child to participate in UPWARD INTERNATIONAL SCHOOLS (UIS) activities for the dates stated above. This includes but is not limited to transportation to, from, and during any activities. **It is my understanding that this form also serves to establish my consent and permission for the above-named student to be photographed or video-taped for use by the school staff in various forms of public media presentation.**

I understand that some activities include risk of personal injury and that adequate supervision of all activities will be maintained. I hereby release staff, directors, employees, and agents from any liability, injury, or illness that my child may sustain during school activities. This includes but is not limited to, transportation to, from, and during any activities.

[For students under the age of 18] I (we) am the parent(s) or legal guardian(s) of this student, and hereby grant my (our) permission and authorization to take said student to a doctor or hospital. We hereby authorize emergency medical treatment and assume responsibility of all medical bills. Further, should it be necessary for the student to return home because of medical issues, disciplinary action, or other reasons, I (we) will assume all transportation costs. All decisions pertaining to a student’s return to school will be left to the discretion of the school staff.

I understand this document may be presented to the physician or appropriate hospital or medical representative at such time as medical care is needed. I understand that this authorization shall relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the inability of the undersigned, the parents or guardians of the above-named minor5, to sign a consent or authorization to render such care. It is my/our intent that designated Upward International Schools staff shall act in my stead in making such decisions.

Please list all known medical conditions. This includes any food allergies and/or drug allergies:

Please list any and all over-the-counter and/or prescription drugs taken regularly:

I/we agree that our student will take responsibility for his or her own medication and dosages and that the school staff is not responsible for monitoring or administering medications. (If applicable)

Date of student’s last Tetanus shot: _____ Insurance Company _____ Policy No. _____

Physician _____ Physician’s Phone No. _____ Rev: 20315





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I understand that I/we will be contacted as soon as possible when medical care is administered to my student, or if disciplinary action is necessary. Please use the following numbers to contact me/us.

PRIMARY CONTACT INFORMATION:

Name _____ Relationship _____
 Phone _____ Cell Phone _____

ALTERNATE CONTACT INFORMATION:

First, attempt to contact:

Name _____ Relationship _____
 Phone _____ Cell Phone _____

Second, attempt to contact:

Name _____ Relationship _____
 Phone _____ Cell Phone _____

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatment is to be given, but are in no way intended to restrict the giving of authorization or consent by UIS--Pines Academy. I understand that this form is in effect from the date signed till the date of its expiration **and that it is my responsibility to inform school personnel of any changes to this form.**

Parent (or Legal Guardian) _____ Date _____

Parent (or Legal Guardian) _____ Date _____

Participant (if over age 18) _____ Date _____

OFFICE USE ONLY: (Rev.12/06/16)	
Date Received:	Received By: