



Nederlandse / Dutch School Cleveland 'de Taaltuin'

Medisch Informatie Formulier / Medical Information Form 2018-2019

Achternaam / Last name			
Voornaam First name	Geboortedatum Date of Birth(m-d-y)	Belangrijke medische informatie van het kind incl ALLERGIEEN, MEDICIJNEN EN ANDERE LICHAAMELIJKE TEKORTKOMINGEN Facts concerning the child's medical history including ALLERGIES, MEDICATIONS TO BE TAKEN AND ANY PHYSICAL IMPAIRMENTS	
Naam ouders Parent's names	Mobiel Cell phone	Adres Home Address	Thuis telefoon Home phone
Personen die we kunnen contacteren bij noodgeval (als ouders niet bereikbaar zijn) Persons we can contact in case of an emergency (in case parents cannot be reached)			
1) Name	Phone number	Relatie tot het kind Relationship	
2) Name	Phone number	Relatie tot het kind Relationship	
Pediatric / family doctor name and address		Phone number	
Dentist name and address		Phone number	
Preferred hospital and address			

Grant Consent re: emergency treatment	Refusal to Grant Consent re: emergency treatment
<p>In the event of reasonable attempts to contact the emergency contacts as mentioned before have been unsuccessful, we (the parents) hereby give consent for</p> <p>(1) the administration of any treatment deemed necessary by our designated pediatric/family doctor or dentist, and in the event the designated preferred pediatric/family doctor or dentist is not available, by another licensed practitioner and</p> <p>(2) in the event of a life-threatening to transfer the child(ren) to our designated hospital or any hospital reasonably accessible.</p> <p>This authorization does not cover any major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity of such surgery and concurrence of such surgery is obtained before the surgery is performed.</p> <p>Date _____ Parent(s) signature(s) _____</p>	<p>I do not give consent for emergency medical treatment of my child(ren). In the case of illness or injury requiring treatment, I wish the school to take no action or to:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date _____ Parent(s) signature(s) _____</p>
Field Trip & Extra-Curricular activity permission	Permission to use pictures / photographs of child(ren)
<p>I hereby grant permission for my child to participate in the Nederlandse School Cleveland off-site field trips and extra-curricular activities. I understand that some field trips and extra-curricular activities may require transportation and that appropriate notice will be provided in advance of any field trip or activity requiring transportation.</p> <p>For and on behalf of myself and the child named, I hereby release the Nederlandse School Cleveland, ant its board, teachers or representatives from any and all claims, causes of action, demands, liabilities, damages and responsibilities arising out of, relating to, or in any manner connected with any incidents, occurrences, accidents, or omissions of any and all types arising from the transportation and/or participation in field trips and extra-curricular activities, from the commencement (i.e., when the child is brought to the Nederlandse School Cleveland) through the termination of the activity.</p> <p>Date _____ Parent(s) signature(s) _____</p>	<p>I hereby grant permission to the Nederlandse School Cleveland to use pictures / photographs / film of my child(ren) in their educational, informative and/or promotional material such as brochures, website and news articles.</p> <p>Date _____ Parent(s) signature(s) _____</p> <p>I hereby do <u>not</u> grant permission to the Nederlandse School Cleveland to use pictures / photographs / film of my child(ren) in their educational, informative and/or promotional material such as brochures, website and news articles.</p> <p>Date _____ Parent(s) signature(s) _____</p>