

INTERNATIONAL STUDENT ACADEMIC PROGRAM

EMERGENCY TREATMENT FORM

EXTRA CURRICULAR ACTIVITIES PERMISSION



Student Name _____

Birth date _____

Parent Name _____

Address _____

Phone _____

Fax _____

E-mail _____

Insurance: ___ Please subscribe to health insurance for my son or daughter.
___ We have insurance that is valid in the United States. Please see
"Verification of Insurance Coverage" form with student application materials.

My child has permission to participate and travel with the coach and/or advisor in all supervised extracurricular activities.

Parent/Guardian Signature _____

Date _____

I give permission for Horizon Christian School to authorize medical treatment as needed in the event of illness or injury.

Parent/Guardian Signature _____

Date _____