**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_**

**(Last) (First) 年级：**

**学生姓名: （姓） （名）**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**家庭住址：**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_­­­­**

**城市： 邮编：**

**Parent(s) or Legal Guardian(s) Permission/Consent:**

致学生家长或法定监护人：

I request that the above-named student be allowed to participate and engage in athletic activities as a representative of RDF International School, and hereby give my consent for the same. I also request that, and give my permission for, the above named student to accompany the team as a member to events off of the RDFIS campus. I give permission for a physician to treat my son/daughter whenever necessary until other arrangements can be made and for the coach or assistant coach to render first aid if he/she is qualified to do so. In case of injury, the Parent or Guardian will be notified, and they are to refer the student to their own physician. IN CASE OF AN EMERGENCY, the student will be taken to a facility that can treat him/her immediately, transported by a school official or by an emergency vehicle, accompanied by a school official. Your signature in this situation is imperative and authorizes this treatment. It is also understood that as a parent/legal guardian, you accept full financial responsibility regarding medical treatment. In case of emergency and I cannot be reached, I request and authorize RDF International School to contact the following person:

我要求并准许上述学生代表RDF 国际学校参与体育项目及活动，并作为校队成员和团队一同前往校外参加活动及比赛。我也要求并准许必要时，医护人员可对我的儿子/女儿提供治疗。我也准许有救助经验的教练或助理教练提供急救帮助。如学生意外受伤，家长或监护人将第一时间接到通知，以便学生就医治疗。**在紧急情况下**，学生将会在一名学校负责人陪同下，由学校负责人或紧急车辆送往学校附近的急救场所。在此情况下，您的签名及授权该治疗服务是必不可缺的。同时，作为该生的父母/法定监护人，您需要承担其全部医疗费用。如有紧急情况，无法直接联络到家长或监护人本人， RDF 国际学校有权联系以下人员：

**EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**紧急联系人： 手机：**

**I CONSENT TO HAVE EMERGENCY TREATMENT FOR MY CHILD:**

**我同意瑞得福国际学校为我的孩子提供紧急医疗服务：**

**Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**家长/法定监护人：**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**签名： 日期：**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**手机号码： 其他号码：**