

For the safety of our students at NIVA, this form must be returned upon admission. Otherwise, the student will not be allowed to attend classes.

CONTINUING CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION

(Form Ad-4)

We, the undersigned parent or guardian of _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of the physician of a registered hospital or clinic nearest to Niva International School.

It is understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Niva International School or the physician of the licensed hospital or clinic to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the school nurse at Niva International School. We hereby authorize any hospital, physician or other person who has attended or examined the minor to furnish to the insurance company retained by the school and all information with respect to any illness, medical history, consultation, prescriptions, or treatment, and copies of all hospital or medical records.

This permission does not include (state if any) (eg. Blood transfusion) _____

Dated filled in _____ Student's Birth date _____
Day/Month/Year Day/Month/Year

Father's Signature _____ Guardian's Signature _____

Mother's Signature _____ Guardian's Address (Street Address) _____

_____ Guardian's Phone (____) _____

Brother/Sister in NIVA _____ Grade _____

Brother/Sister in NIVA _____ Grade _____

In case of emergency during school hours and in the absence of parents or guardian, friends or relatives to contact are:

Name _____ Home Tel. _____ Mobile _____

Name _____ Home Tel. _____ Mobile _____

Student Accident Insurance

A secondary student accident insurance policy covering up to 10,000 Baht is provided for all students who have completed registration. The student is responsible for promptly reporting any injury to the school nurse within 24 hrs. All additional expenses incurred must be the responsibility of the parent or guardian.

Medical Care

Niva International School provides the service of a registered nurse who conducts clinic in the school. Medical treatment requiring the care of a physician becomes the responsibility of the parent. As much as possible, dental work and medical examinations should be cared for during school vacation time.

Parent's Names _____ Home Phone (____) _____

Parent's Address _____
Street Address or Post Office Box District City State Zip Country

Student's Insurance Information other than the one signed up by the school

Company _____

Policy # _____

Company Phone (____) _____

Attach a copy of your
insurance card here,
front and back

Address _____
Street Address or Post Office Box

City State Zip Country