

INTERNATIONAL SCHOOL OF TBILISI

Emergency Contact Form

If a student is injured or for any other reason needs emergency attention, the following information is required:

Student Name _____ Date of Birth(*mm/dd/yyyy*) _____

If an emergency, illness, or injury should occur at school-related function, please give the names of persons to be contacted:

1. Name _____ Relationship to Child _____
Mobile Phone _____ Work/Home Phone _____
2. Name _____ Relationship to Child _____
Mobile Phone _____ Work/Home Phone _____
3. Name _____ Relationship to Child _____
Mobile Phone _____ Work/Home Phone _____

If case a serious emergency, and emergency contacts cannot be reached, I authorize school authorities to take any steps necessary to administer medical treatments to my child(ren):

Yes No

If YES and child(ren) needs to be referred to a hospital, please choose one from the list below:

MediClubGeorgia Iashvili Central Children Hospital American Medical Centers (AMC)

IMSS Clinic Other

Other Hospital _____ Physician/Phone Number _____

Does your child(dren) use the US Embassy Health Unit?

Yes No

Parent/guardian signature

Date (*mm/dd/yyyy*)