

Central Kentucky Japanese School
Contract from Exemption from Liability

In consideration of the admission and enrollment of _____ in the Central Kentucky Japanese School, I, the parent or guardian of the child named above, agree not to hold the Central Kentucky Japanese School, or any of its agents or employees liable for injury or casualty to this child or property belonging to this child or occasioned by or growing out of or resulting from attendance and enrollment in the Central Kentucky Japanese School.

I agree that this contract for exemption from liability for consequences of negligence shall not relieve the Central Kentucky Japanese School, its agents, or employees from liability for consequences of negligence that are wanton, willful, or contrary to public policy.

Date: _____ Signature of Parent/Guardian _____

Medical Release

In the event that the Central Kentucky Japanese School, through its agents or employees, shall determine that the child named above is in need of immediate medical attention while attending the Central Kentucky Japanese School or under the care and supervision of the Central Kentucky Japanese School, I authorize any qualified physician selected by the Central Kentucky Japanese School, its agents, or employees to diagnose, prescribe drugs, administer blood, operate, or perform whatever medical services are deemed necessary to preserve this child's life, health and well-being.

I further agree to compensate the Central Kentucky Japanese School for any expenses resulting from said medical care, hospitalization and services performed by physicians.

Date: _____ Signature of Parent/Guardian: _____

In the event of a medical emergency or situation requiring immediate medical attention for my child, I can be reached at the following telephone number () _____ - _____.

Date: _____

Signature of Central Kentucky Japanese School Representative: _____

OVER

Name of the child: _____

- Does your child have any medical conditions, allergies, etc. that hospitals and/or physicians should know prior to treating your child?

Please check in a box.

☐ NO

☐ YES

Please list:

- Are all immunization current?

☐ YES

☐ NO

Please list immunization not current:

Date: _____

Signature of Parent/Guardian: _____