

SUOMI-KOULU, LOS ANGELES, INC.

**Emergency information, Release of Liability, and Medical Release Form**

Parents' names (last, first): \_\_\_\_\_

Student's name(s), (last, first and date of birth):

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contacts (name, address, and phone):

\_\_\_\_\_

Relationship to student: \_\_\_\_\_

Doctor (name, address, phone): \_\_\_\_\_

\_\_\_\_\_

Medical problems (allergies, medication): \_\_\_\_\_

**Release of liability:** I, the parent/guardian of this child/these children, in consideration of participation in Suomi-koulu, Los Angeles, Inc., agree to indemnify and hold the School harmless, and release the School of any and all liability for any injury which may be suffered by the above named student's registration in the School, arising out of, or in any way connected with the participation in the School activities.

**Medical Release:** I, the parent/guardian of this child/these children, hereby authorize any licensed medical practitioner on their designated agent to render all necessary medical aid to my child/children.

I have read and I understand the above agreement. By signing this agreement, I agree to the terms above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name