Student Medical Waiver Form

I, ___________________________________________(parent’s/legal guardian’s complete name), hereby give permission for my son/daughter, ___________________________________________(complete name of student delegate) to be treated on and off campus by King’s Academy’s medical staff (i.e. school nurse, athletic trainer, doctor) and/or trained medical affiliates while in attendance at the Round Square International Conference 2014 hosted at King’s Academy, Madaba, Jordan.

Please tick the box to the left of each statement before signing:

- I consider that my child is fit to take part in all normal physical activities.
- All important medical information (including allergies) has been provided to the best of our ability via the online registration interface.
- I understand and agree that all important medical information, emergency or otherwise, will be communicated to the adult Round Square representative accompanying my child, and, that it is the responsibility of this adult, not King’s Academy, to communicate with me all knowledge and information; likewise, this adult will accompany my child in the event of hospitalization.

__________________________________________    ________________
Signature of parent or legal guardian of student delegate                Date

__________________________________________    ________________
Designated signatory of school (verification of above)                Date