



INTERNATIONAL STUDENT PROGRAM
EMERGENCY TREATMENT RELEASE &
EXTRA CURRICULAR ACTIVITIES PERMISSION

Student Name _____ Date of Birth _____

Parent Name _____

Parent Address _____

City/Postal Code _____ Country _____

Parent Phone _____

Parent Email _____

My child has permission to participate and travel with the coach and/or advisor in all Portland Christian School supervised extracurricular activities.

Parent/Guardian Signature _____ Date _____

I give permission for staff of Portland Christian School or the student's host family to authorize medical treatment as needed in the event of illness or injury. In addition, I authorize disclosure of health information for medical or insurance purposes.

Parent/Guardian Signature _____ Date _____

This authorization remains in effect for the duration of the student's enrollment at Portland Christian Schools.