



## Cupertino-Hsinchu Sister City Association 2016 Student Exchange Program Trip Waiver and Medical Authorization

This letter certifies that my child \_\_\_\_\_, born on \_\_\_\_\_, has the permission to leave the United State and to participate in the Cupertino-Hsinchu Sister City Exchange Student Program from **April 8<sup>th</sup> to April 17<sup>th</sup>, 2016**. Adults below are in charge of the students:

**Chia-ching Lin & Jen Lin (Janice Sung) & Angela Chen** \_\_\_\_\_ ,  
\_\_\_\_\_ **Joanna Johnson** \_\_\_\_\_ and \_\_\_\_\_ **Kimberly Lam** \_\_\_\_\_ .

I understand and agree that I shall hold the Cupertino-Hsinchu Sister City Association, its Board of Trustees, officers, agents, and representatives harmless from any and all liability, claims, causes of action, and demands related to, arising out of or in connection with my son's/daughter's participation in this exchange student program.

If my son's/daughter's participation in this activity results in any liability, claims, causes of action, or demands against the Cupertino-Hsinchu Sister City Association District, its Board of Trustees, officers, agents, and representatives, I agree to defend and indemnify the Association, its Board of Trustees, officers, agents, and representatives in such an action.

In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician, surgeon, and/or dentist as deemed necessary for my son's/daughter's safety and welfare. It is understood that the resulting expenses will be my responsibility. Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.

I also agree to relieve the Association of any responsibility for damage to or loss of my child's property occurring during or by reason of this trip.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. My signature on this document acknowledges that I have read and understand the above provisions and agree to abide by these terms.

\_\_\_\_\_  
Signature of Parent or Guardian      Date      Address      Home Phone

\_\_\_\_\_  
Signature of Parent or Guardian      Date      Address      Home Phone

\_\_\_\_\_  
Signature of Student      Date      Father's Daytime Phone \_\_\_\_\_  
Mother's Daytime Phone \_\_\_\_\_

\_\_\_\_\_  
Medical Insurance Carrier      Policy Number      Phone

IN THE EVENT OF ILLNESS OR ACCIDENT AND IF UNABLE TO CONTACT ABOVE PARENT/GUARDIAN, PLEASE CONTACT:

\_\_\_\_\_



**Cupertino-Hsinchu Sister City Association  
Exchange Student Program 2016  
Medical/Permission Form**

In the space provided below, please list any medication your kid should take while on the trip, including how/when the medication is to be administered. **Please be specific!**

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Is motion sickness a problem? How do you deal with it? Does your kid need to take any medication for it?

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Are there any allergy problems (medication, food, others)? Is there anything your kid is restricted from eating/doing due to any reasons? Is your kid aware of these problems or restrictions?

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All medication should be brought to the trip in a labeled zip lock bag with your kid; host family will remind/supervise your kid to take the medication. All medication must be in their original containers with written instructions on how medication is to be administered.

In the event of headache or minor aches/pains, I give permission for my kid to be given Tylenol.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Student Name \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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