

ECOLE FRANÇAISE BILINGUE
2 FISHER ROAD - GREENVILLE SC 29615 - USA
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EMAIL: principal@efbgreenville.org

AUTORISATION DE SOINS
(MEDICAL RELEASE)

I, _____, hereby consent to and authorize the principal of the ECOLE FRANCAISE BILINGUE or his representative to procure and/or administer emergency medical treatment for my child _____ during the time that my child is in the physical control of the ECOLE FRANCAISE BILINGUE.

I hereby release and agree to hold harmless and indemnify ECOLE FRANCAISE BILINGUE and MICHELIN NORTH AMERICA, INC., their representatives, agents, officers, directors, employees, affiliates and assigns from any and all claims, damages, or actions whatsoever, for injury to my child or our property arising from rendering such aid.

Signature of Parent or Legal Guardian

Date

Address

Home phone number

Work phone number