



RIVERSTONE
INTERNATIONAL SCHOOL

Student Visitor Consent and Release

As parent or legal guardian, I allow my child, _____, to attend classes at Riverstone International School on (date) _____ and to participate in all activities unless otherwise specified.

I hereby release Riverstone International School and its employees from liability in the event of an accident or illness. I understand that I am responsible for the payment of all medical bills incurred. I hereby give my permission to Riverstone to transport my child to the physician selected by the school to hospitalize, and to administer proper care and medication for my child.

Parent Name (print): _____

Signature _____

Date: _____

To ensure that we have all necessary contact information for you in case of emergency, please list it here:

Cell Phone: _____ Home Phone: _____

Email Address: _____

Address: _____

Please provide list of any known allergies below:

Thank you!! We look forward to having your child with us here at Riverstone!

