



QSI International School of Sarajevo

S6-A4

EMERGENCY INSTRUCTIONS

In the event a student is injured or for any other reason needs emergency attention, the following information is required:

NAME OF STUDENT(S) _____

TELEPHONE(S) at which parent may be reached: OFFICE _____

HOME _____

If no phone contact is possible, please give an address or instruction to be reached.

If unable to reach a parent, indicate other persons to contact with address and phone numbers.

If emergency medical care is required, do you authorize school authorities to initiate medical care, possibly to include locating a nurse or doctor? ____YES ____NO

If you have a preference for a doctor or hospital, please indicate below:

In an emergency, I authorize school authorities to take any steps necessary to administer medical treatment to my child(ren) in the event one of my child(ren)'s parents are not available at the time.

(Signature)

S6-A4-Emergency Instru.Form (CDU)



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