



THE BEMENT SCHOOL
PO BOX 8
DEERFIELD, MA 01342
EMAIL:
apinakiewicz@bement.org

STUDENT AND FAMILY INFORMATION

for students applying to the Bement in Shanghai summer program

Note to Parents and Guardians: These forms are required for admission into the summer program. Your candor and accuracy are great appreciated, as this information helps Bement take the best possible care of your child. All information on the form is confidential.

Student's Name _____

Date of Birth _____

Place of Birth (city, province country) _____

Parents' Names _____

Street Address _____

City and Province _____

Country and Postal Code _____

Home Telephone Number _____

Parents' Cell Phone Numbers _____

Parents' Email Addresses _____

Parents' WeChat name(s) _____



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EMERGENCY CONTACT INFORMATION

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While your child is attending Bement in Shanghai this summer, it is helpful to have an English-speaking contact person who can act as a bilingual contact in the event of any emergency. Please return this form with your signed enrollment agreement to the above email address.

Name _____

Address _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Email Address _____

Relationship to Student _____

If you do not have an American contact, please list the name of anyone (a consultant, a family member, a family friend) besides the child's parents who we can contact in the event of an emergency.

Name _____

Address _____

Home Phone Number _____ Work Phone Number _____

Email Address _____

Relationship to Student _____



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PERMISSIONS AND INSURANCE

for students applying to the Bement in Shanghai summer program

The following permissions are required to facilitate the timely provision of medical care while your child is attending Bement in Shanghai. The signature of a parent or guardian is required on this form prior to participation in classes and activities.

I hereby grant permission to The Bement School employees in Shanghai to provide medical care to my child during the time that s/he attends the summer program. I grant permission to the above-mentioned school to authorize and consent to any medical treatment of my child in the event of a medical or surgical emergency. This permission is in the event that I am unable to be contacted and medical or surgical judgment indicates that further delay would represent a risk to my child.

My child has permission to engage in all program activities and Bement sanctioned trips. I hereby acknowledge awareness that participation in all activities and events involves some risk of injury, which may occur as a result of unavoidable accidents. I, hereby, accept these risks and give consent to participation by my child in all sports, activities, and events while s/he is attending school.

I hereby give my permission to allow photographs of my child to be used by the Bement School for print or electronic publications (promotional literature, web site, brochure, etc.)

Signature of Parent or Guardian

Date



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MEDICAL HISTORY

for students applying to the Bement in Shanghai summer program

Use this space to provide a summary of your child's medical information. Please be as specific as possible to help provide for the best possible summer experience for your child.

Please describe any medical concerns we should be aware of for the safety of your child.

Give dosage and frequency of medications your child takes that were prescribed by a doctor.

List medications your child takes frequently, including non-prescription drugs such as vitamins and herbal supplements. Please describe purpose, frequency, and dosage.

Please specify any allergies your child has to drugs, food, plants, or animals.

Is your child allergic to bee stings? _____

Has this student ever experienced a life threatening allergic reaction? _____

If so, has this student been instructed in the use of self-administered epinephrine? _____

Does the student wear glasses or contact lenses? _____