

San Diego Hua Xia Chinese School  
 Student/Parent Acceptance of Responsibility Form

*Please return this page to your teacher on the first day of school.*

We have read, completely understood and accept the content of all regulations mentioned in Parent Guide and Student Guide. My student and I will following the regulations it contains.

|                                   |                                   |                      |
|-----------------------------------|-----------------------------------|----------------------|
| _____                             | _____                             | _____                |
| Student Name (English)<br>(print) | Student Name (Chinese)<br>(print) | Birth Day (mm/dd/yy) |

\_\_\_\_\_

Medical Concern (state clearly the symptoms, treatment, whether the student carries the medicine, etc.)

|                                 |                       |                                  |
|---------------------------------|-----------------------|----------------------------------|
| _____                           | _____                 | _____                            |
| Family Doctor's Name<br>(print) | Doctor's Phone Number | Emergency Contact's Name & Phone |

|                           |                    |                   |
|---------------------------|--------------------|-------------------|
| _____                     | _____              | _____             |
| Medical Insurance Company | Insurance Policy # | Student Signature |

|                                 |           |                 |
|---------------------------------|-----------|-----------------|
| _____                           | _____     | _____           |
| Parent/Guardian Name<br>(print) | Signature | Date (mm/dd/yy) |

|            |                       |                   |
|------------|-----------------------|-------------------|
| _____      | _____                 | _____             |
| Home Phone | Parent's Cell Phone # | Alternate Phone # |