



Shenyang Transformation International School does not carry or maintain health, medical, or disability insurance coverage for any participants in the various activities/field trips. Each participant is expected and encouraged to obtain his or her own medical or health insurance coverage. Please fill out the relevant information choosing one of the options below.

OPTION 1.

If your student already has health insurance through a family plan or an individual plan, please provide the following information:

Student Name _____	Grade Level _____
•Name of Health Insurance Company _____	
•Policy or ID Number _____	
•Policy Holder's Name _____	
Parent Signature _____	Date _____

OPTION 2.

The School works with a local independent insurance company in Shenyang to offer Student Health Insurance. Please ask Student Services for detailed policy information. Please note that the premium will need to be paid, and the charge is not refundable. The insurance coverage becomes effective about 10 days after the application and fees are submitted. Students’ parents are responsible for communicating with the insurance company directly regarding claims. If you would like to purchase this insurance, please provide the information and items listed below.

Student Name _____	Grade Level _____
We will buy the insurance from the insurance company and are providing the following items. We know that insurance coverage becomes effective about 10 days after the application and fees are submitted. We agree that my student will not start school until the insurance becomes effective.	
Student’s passport copy	
Passport copy of one parent	
Premium payment	
Parent Signature _____	Date _____

WAIVER AND RELEASE

Shenyang Transformation International School and its employees and agents are hereby released and forever discharged and held harmless from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the participation by the above-named student in the various activities/field trips of Shenyang Transformation International School. The above-named student will use his/her personal insurance for accident coverage.

Parent/Guardian Signature _____ Date _____