



胜者教育（美国）

父母协议&紧急/医疗信息



学员信息

姓名	昵称	生日	性别
食物、药物过敏史（请列出过敏源及过敏反应，以防紧急情况的发生）			
学员主治医生		电话	

家长或监护人信息（填 N/A 当没有合适的答案）

父亲姓名	邮箱	电话
家庭住址（房间号，街道，县，市，省，邮编）	公司名称	家庭/工作电话
母亲姓名	邮箱	电话



家庭住址 (房间号, 街道, 县, 市, 省, 邮编)	公司名称	家庭/工作电话

紧急信息(弗吉尼亚州规定需要父母以外的 2 名紧急联系人)

紧急联系人 1 号	家庭住址 (房间号, 街道, 县, 市, 省, 邮编)	电话号码 (工作/家庭/手机)
紧急联系人 2 号	家庭住址 (房间号, 街道, 县, 市, 省, 邮编)	电话号码 (工作/家庭/手机)

协议内容

我允许我的孩子参加所有胜者指挥官的活动。

我知道, 在胜者指挥官营地的某些活动以及其他户外活动, 可能存在与此相关的固有风险。

本人授权胜者指挥官营地的工作人员在孩子需要医疗照顾的情况下, 到最近的设施为我的孩子寻求医疗照顾。

如果需要非紧急医疗护理, 我授权胜者指挥官营地的工作人员提供任何必要的医疗服务, 并通过我的孩子的医生寻求任何必要的医疗服务。

本人明白本人须为子女的一切医疗开支负责, 而胜者指挥官亦建议本人为子女购买健康保险。

本人同意本人之子女参加由胜者指挥官主办的活动, 并接受上述一切风险。

当孩子生病时, 工作人员应通知家长/监护人, 家长/监护人会尽快同意安排治疗。

本人同意在 24 小时内如本人的子女或任何家庭成员患有须呈报的传染病通知本营地, (如疾



病危及生命，须立即通知本营地)。

本人谨此同意本人的子女在胜者指挥官参加活动时被拍照或录影。我允许胜者指挥官营地和他们的工作人员使用或分发这些照片或视频，包括广告或宣传。本人明白本同意书符合《弗吉尼亚法典》第 8.01-40 条或同等条款。

父母或监护人签字:

日期:



Victor Education USA

Parent Agreement & Emergency/Medical Information



CHILD'S INFORMATION

Child's Full Name (last name, first name)	Nickname	Date of Birth	Sex
Allergies or Intolerance to Food, Medications, etc. (please list allergies and actions to take in an emergency)			
Child's Physician		Phone	

PARENT(S)/GUARDIAN(S) INFORMATION (write N/A when not applicable)

Parent's Full Name	Email Address	Cell Phone
Home Address (#, street, apt, city, state, zip)	Place Employed	Home or Work Phone
Parent's Full Name	Email Address	Cell Phone



Home Address (#, street, apt, city, state, zip)	Place Employed	Home or Work Phone

EMERGENCY INFORMATION (VA STATE mandates 2 emergency contacts other than the parents)

Emergency Contact #1	Address (#, street, apt, city, state, zip)	Phone (home, work, cell)
Emergency Contact #2	Address (#, street, apt, city, state, zip)	Phone (home, work, cell)

AGREEMENTS

I give my child permission to participate in any and all events and activities at Victor Commander Camp.

I am aware that during certain events and activities on Victor Commander Camp property, there may be inherent risks associated with this, as well as any other outdoor activities.

I hereby authorize the Victor Commander Camp staff members to seek medical treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required, I authorize Victor Commander Camp staff to provide any medical treatment as deemed necessary and to seek any medical treatment through my child's physician as deemed necessary.

I understand that I am responsible for all medical expenses incurred by my child and that Victor Commander Camp advises I carry health insurance for my child. I give permission for my child to participate in events and activities sponsored by Victor Commander Camp and accept all risks as stated above.

Victor Commander Camp staff shall notify parents/ guardians whenever their child becomes ill and the parent/ guardian will arrange to have the child picked up as soon as possible.

I agree to inform the center within 24 hours if my child or any member of the household develops a reportable communicable disease (immediate notification



required if the disease is life threatening).

I hereby give permission for my child to be photographed or videotaped while participating in the events at Victor Commander Camp. I give Victor Commander Camp and their agents permission to use or distribute such photographs or video for any reasonable purpose including advertising or promotion. I understand this consent complies with *Section 8.01-40 of the Code of Virginia* or its equivalent.

Parent's or Guardian's Signature(s):

Date:

Date: