



QSI INTERNATIONAL
SCHOOL OF TBILISI

Emergency Contact Form

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

Student Name _____ Date of Birth(**mm/dd/yyyy**) _____

If an emergency, illness, or injury should occur at school-related function,
please give the names of persons to be contacted:

1. Name _____ Relationship to Child _____
Mobile Phone _____ Work/Home Phone _____
2. Name _____ Relationship to Child _____
Mobile Phone _____ Work/Home Phone _____
3. Name _____ Relationship to Child _____
Mobile Phone _____ Work/Home Phone _____

If case a serious emergency, and emergency contacts cannot be reached, I authorize school
authorities to take any steps necessary to administer medical treatments to my child(ren):

☐ Yes ☐ No

If YES and child(ren) needs to be referred to a hospital, please choose one from the list below:

- ☐ MediClub Georgia ☐ Iashvili Central Children Hospital ☐ American Medical Centers (AMC)
☐ IMSS Clinic ☐ Other

Other Hospital _____ Physician/Phone Number _____

Does your child(ren) use the US Embassy Health Unit? ☐ Yes ☐ No

Name: _____

Date: _____

* Typing your name above constitutes your signature.