

Shenyang 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.  
 沈阳国际学校不负责交付学校活动/郊游期间的健康、医疗或伤残保险。学校要求并鼓励每个参与学校活动/郊游的学生自行承担交纳医疗保险或健康保险。请选择以下至少一个选项，并填写相关信息。

**OPTION 1. 选项 1**

If your student already has health insurance through a family plan or an individual plan, please provide the following information: 无论是以家庭或个人的形式，如果您的学生已经拥有健康保险，请填写以下信息：

Student Name 学生名字: _____	Grade Level 年级: _____
•Name of Health Insurance Company 保险公司的名字 _____	
•Policy or ID Number 保险单号 _____	
•Policy holder's name 保险单持有者名字 _____	
Parent Signature 家长签字 _____	Date 日期: _____

**OPTION 2. 选项 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.

学校联合沈阳当地的一家保险公司为学生提供健康保险。详细保险信息请咨询学生处。请注意：需要支付保费，参保后不可退费。保险会在提交申请表格和费用后 10 天左右生效。学生家长需要自己联系保险公司办理理赔事宜。如果您打算购买此保险，请提供以下信息，并交付所需材料。

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.

我们要购买此保险,并提供以下所需的材料。我们知道保险在申请表格和费用提交 10 日后方能生效。我们同意我的孩子在保险生效前不会开始上学。

Student's passport copy 学生护照复印件  
 Passport copy of one parent 一方家长护照复印件  
 Premium payment 保险费用

Parent Signature 家长签字 \_\_\_\_\_ Date 日期 \_\_\_\_\_

**WAIVER AND RELEASE**

Shenyang 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 International School. The above-named student will use his/her personal insurance for accident coverage.

在该学生参加的沈阳国际学校组织的各项活动和郊游中，签署人同意不就活动中或活动后发生的任何意外对其员工和代理人要求任何形式的法律上或权益上的索赔。学校及员工和代理人将对当事学生不承担任何法律意义上的相关责任和义务，不受制于因参与这些活动可能引发的任何一种形式的索赔或类似要求。当事学生将使用其个人的保险承担费用。

Parent/Guardian Signature 家长/监护人签字 \_\_\_\_\_ Date 日期 \_\_\_\_\_