

KWANGJU FOREIGN SCHOOL

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106 Samsu-ro, Buk-gu Gwangju, Korea 61005

Tel./Fax (062) 575-0900/575-0902

e-mail:kwangjufs@hotmail.com

SPECIAL POWER OF ATTORNEY / WAIVER

STUDENT NAME: _____

GRADE: _____

KNOW ALL MEN THESE PRESENTS

That I, _____, have made, constitute and appoint Kwangju Foreign School, together with its agents, officers, employees, contractors and assigns, as my true and lawful attorney, giving and granting unto my said hand attorney power to act as follows:

Giving and granting unto my said attorney full power to act in my name and on behalf, in the event of my absence or unavailability, for the purposes of taking any action necessary to safeguard the health and welfare of my child: _____ due to medical and/or evacuation reasons.

Such action shall include, but shall not be limited to, granting consent for any medical treatment required under the circumstances, and signing any and all documents that are required by the authorities for procurement of necessary medical, dental, surgical or hospitalization care in any available hospital, or my attorney in fact shall be limited only on his or her discretion and knowledge of what action I would take in similar circumstances.

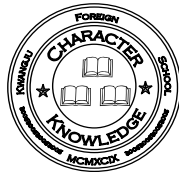
Further, I do authorize my aforesaid attorney in fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present.

This power of attorney shall remain in effect until the student leaves the school.

Further, I hereby waive any and all claims I may now or in the future have against Kwangju Foreign School for any accident, injury or death which may occur during the time my said child is at, under the care and /or supervision of, or being transported to or from, Kwangju Foreign School.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ____ day of _____ 20__.

PARENT SIGNATURE: _____



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본인 _____은 외국인학교와 학교 운영자와의 맺은 아래와 같은 조항에 이의 없이 위임함을 약속합니다.

본인은 부재로 인해 학교에서 건강과 안전에 관련된 문제로 조치가 필요한 경우 학교가 대리인으로서 행할 수 있도록 허가합니다.

자녀의 의료 치료에 있어 내과, 치과 등등의 필요에 의해 대리 사인을 통해 치료를 받을 수 있도록 허락하며 상황에 따라 적절한 병원을 선택할 수 있다.

본인의 부재 시에도 학교에서 모든 필요한 행위를 위임한다. 부모의 행사를 할 수 없는 경우에 처하더라도 이 위임장은 유효하다. 이 위임장에 따라 일어날 행위가 생길 경우 학교가 본인 대신 부모의 대리인으로 행사한다.

이 위임장은 학생이 학교를 떠날 때까지 유효하다.

학교와 관련되어 일어난 사고, 사망으로 인해 생긴 배상에 대한 책임을 묻지 않는다.

증인으로써 년 월 일 서명한다.

PARENT SIGNATURE: _____