



THE INTERNATIONAL SCHOOL OF KUALA LUMPUR
HIGH SCHOOL COMMUNITY SERVICE PROGRAM

PARENT AGREEMENT

STUDENT NAME: _____ **Present Grade** _____ **Anticipated Graduation Year: 20** _____

ISKL high school students are encouraged to participate in community service activities at various centers supporting less-advantaged Malaysian and overseas communities, as it is recognized as a significant benefit to the overall education of the ISKL student. Whereas this is compulsory for International Baccalaureate Diploma students, other high school students also recognize the advantages of service and experiential learning, and volunteer in a wide range of projects.

This agreement seeks to clarify certain conditions encountered in community service activities outside of ISKL, and asks for parental agreement to your son or daughter's involvement in particular aspects.

Please read each section and for each situation circle either Y (yes) or N (no).

TRANSPORT

- Y N *I permit my daughter/son to travel in a school vehicle with an adult driver.*
Y N *I permit my daughter/son to travel in a school, teacher or parent-owned vehicle with an adult driver.*
Y N *I permit my daughter/son to travel by taxi with other students.*
Y N *I permit my daughter/son to travel by taxi alone.*

CHILD-CARE

ISKL students may choose to care for children at a respective center.

- Y N *I permit my daughter/son to care for children at the respective centers.*
Y N *I permit my daughter/son to care for children on trips, for example to the zoo.*

MAINTENANCE

Maintenance and painting projects can involve students using tools, etc.

- Y N *I permit my daughter/son to use gardening and carpentry tools.*
Y N *I permit my daughter/son to use paints and cleaning fluids.*

MEDICAL CENTERS

Very worthwhile projects include volunteering in activities with children and mural painting at the General Hospital. Students are not allowed to be in contact with or to care for children known to carry infectious diseases, however exposure to sick children is inevitable, and patients may not have been screened for HIV.

- Y N *I permit my daughter/son to assist at General Hospital.*

ANIMALS

The Society for the Prevention of Cruelty to Animals (SPCA) center and Riding for the Disabled are two popular sites for volunteering.

- Y N *I permit my daughter/son to work with cats and dogs.*
Y N *I permit my daughter/son to walk dogs in the area near the SPCA.*

SUPERVISION

An adult is always present at each of the service centers. ISKL faculty members do not provide constant supervision for community service projects, but periodic visits are made. During vacations, there is no ISKL faculty supervision.

- Y N *I understand that my daughter/son will not be under constant supervision by ISKL faculty, and that during vacations no ISKL faculty are present.*

INSURANCE AND LIABILITY

Students are covered by the ISKL student insurance policy while participating in community service projects during the school year. As ISKL generally requests permission to participate at the centers in the community as volunteers, such centers cannot be held responsible for any illness, injuries or mishaps incurred through visits to their sites.

Y N *I release and hold harmless the management of any center, home or hospital in the community and its personnel from any and all liability arising out of or in conjunction with any illness or injury, or loss or damage of student property which may occur as a result of son/daughter's participation in a community service activity connected to the center.*

EMERGENCY

In the case of any accident physically affecting your daughter/son, every effort would be made to contact you.

IN CASE OF ACCIDENT OR INJURY PLEASE NOTIFY:

Name of Parents: _____	Home Telephone Number: _____
Father's Business Tel No: _____	Mother's Business Tel No: _____
Fax No: _____	Fax No: _____
Name of Company: _____	Name of Company: _____

Please indicate two alternate names and telephone numbers to be used if you cannot be contacted.

Name: _____	Telephone: _____
Name: _____	Telephone: _____
Doctor's Name: _____	Telephone: _____

I authorize the sponsor of the activity concerned, in the case of injury or accident, to inform the persons listed above of any such injury or accident and in the event of being unable to contact me take my child to any medical examination as is necessary. If, in the judgment of the medical staff treatment is required, I authorize the sponsor to consent to this treatment.

OTHER INFORMATION: (In the case of treatment, this information will be shared with medical personnel).

Is this student

- (a) Allergic to medicine _____
If so, type _____
- (b) Other allergies _____
- (c) Other information _____
- (d) Is your child currently taking any prescribed medicine? Is so, please describe:

- (e) Does your student have asthma? _____

Name of Parent

Name of Student

Signature of Parent/Guardian

Signature of Student

Date

Date