

Parent Consent & Emergency Medical Authorization for Minors



羅省第一華人浸信會
FIRST CHINESE BAPTIST CHURCH
LOS ANGELES

942 Yale Street, Los Angeles, CA 90012 www.fcbc.org
(213) 687-0814 (213) 375-3999 info@fcbc.org

_____ has my permission to participate in _____

Bring:

- Lunch
- No Lunch (lunch will be provided)
- Others _____

Method of Transportation:

- Private car
- Church bus/van/minivan
- Others _____

Please fill in the information below:

Do you have health insurance? Yes No

Policy Number _____

Name of the health insurance company _____

Health information: Has your child had any of the following? (Check if answer is YES)

- Frequent or severe headaches
- Ear, nose or throat trouble
- Dizziness or fainting spells
- Shortness of breath
- Asthma
- Heart trouble
- Frequent colds
- Diabetes

List allergies and/or allergic reactions _____

List any medication your child now takes _____

Should it be necessary for my child to have medical treatment while participating in this activity, I hereby give the person(s) in charge permission to act on my behalf to secure medical services or hospitalization deemed necessary and appropriate by the physician. I absolve First Chinese Baptist Church of Los Angeles, its personnel, and its corporate officers, from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. Any cost incurred shall be my sole responsibility.

Signature _____ Date _____

Relationship to Participant _____

Home Phone _____ Cell Phone _____

Address _____ City _____

 ----- **Tear off and keep for your information** -----

Adult in charge _____ Cell phone _____

Church organization _____

Departure from church _____ Pick-up from church _____

Revised: July 18, 2015