

# 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

**Child's Name:** \_\_\_\_\_

has my permission to participate in (Event) \_\_\_\_\_

**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 \_\_\_\_\_

I give my child (named above) permission to attend First Chinese Baptist Church, Los Angeles ("Church"). If my child needs medical treatment while participating in these Church activities, I give the adult in charge permission on my behalf to secure hospitalization or medical services deemed necessary by the physician. I absolve said Church and its personnel from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. I understand that the Church has no medical insurance and any medical costs 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 \_\_\_\_\_

Depart from church \_\_\_\_\_ Pick-up from church \_\_\_\_\_