青少年活動註冊表及
緊急醫療授權書

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

個人資料

學生姓名:_____ 年級:_____ 出生日期:_____/_____/_____
姓 名

地址:_____ 性別:男 / 女

城市:_____ 郵區號碼:_____ 家裡電話:(_____)_____

學生電郵:_____ 臉書:有/沒有 手機號碼:(_____)_____ 短信:有/沒有

參加的活動:

☐ 主日學 ☐ 少男團,少女團,高中團契 ☐ 英文高中佈道隊 ☐ 青少年詩班 ☐ (其他)_____

若有緊急狀況,請通知:

姓名及關係:_____ 手機號碼:(_____)_____

地址:_____ 城市:_____

日間電話:(_____)_____ 晚間電話:(_____)_____

家長電郵地址:_____

留在教會的家長/監護人:

時段:_____ 建築物/樓宇:_____ 教室:_____

時段:_____ 建築物/樓宇:_____ 教室:_____

醫療資料

病歷 如:氣喘,糖尿病,過敏和對什麼東西敏感 (若無,請寫「無」)

_____

列出子女現服用的藥物 (若無,請寫「無」):

_____

健康保險公司和受保號碼 (若無,請寫「無」):_____

緊急醫療授權書

本人茲授權教會活動中之成年負責人,在有醫藥需要時,按照醫生的判斷,爲小兒/女選擇醫院、醫療服務,並進行必須及適當之醫療措施。如有任何出錯,一切後果與教會及負責人無關。本人明白羅省第一華人浸信會沒有意外與健康保險, 故一切醫療費用,概由本人獨力負責。

授權容許教會使用子女的照片

本人茲授權羅省第一華人浸信會在刊物和/或在網路上刊登小兒/女的照片作教會宣傳之用。

X_____ _____ _____
(家長或監護人簽名) (家長或監護人正寫名字) 日期

Youth Registration & Emergency Form

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PERSONAL INFORMATION

Student's Name:_____ Grade: _____ Birthdate: ____/____/____
Last First
Address: _____ Sex: Male / Female

City:_____ Zip:_____ Home Telephone: (___) _____

Youth's Email:_____ Facebook: Y / N Cell: (_____)_____Text: Y / N

Activities Attending:

☐ Sunday School ☐ RA, Acteens, Hi-Koi ☐ HSMT ☐ Youth Choir ☐ (Other)_____

IN CASE OF EMERGENCY NOTIFY:

Name & Relation:_____ Cell Phone: (___) _____

Address: _____City:_____

Day Phone: (___) _____ Evening Phone: (___) _____

Parent's Email: _____

If parent/guardian is also at FCBC:

Time: _____ Building:_____ Room:_____

Time: _____ Building:_____ Room:_____

MEDICAL INFORMATION

Medical conditions i.e., asthma, diabetes, allergies and/or allergic reactions (if none, write "none")

_____

List all medications your child now takes (if none, write "none"):

_____

Health insurance (if none, write "none") :_____

EMERGENCY MEDICAL RELEASE

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.

PHOTO RELEASE

Photos of minors are sometimes used in the publicity of the church. These photos may appear in printed brochures or on the church's internet website. I hereby agree that First Chinese Baptist Church, Los Angeles, may use these photos for its promotional purposes.

X_____ _____ _____

(Parent or Guardian Signature) (Print Name of Parent or Guardian) Date: