



**Parent Consent Form  
for Group Activity and Medical Authorization**

家長同意及醫療授權書

\_\_\_\_\_ has my permission to participate in  
\_\_\_\_\_

本人同意\_\_\_\_\_參加\_\_\_\_\_  
\_\_\_\_\_舉行之\_\_\_\_\_。

Bring:

- Lunch  
 No lunch (it's provided)  
 Other: \_\_\_\_\_

Method of Transportation:

- Private car  
 Church bus/van/minivan  
 Other: \_\_\_\_\_

Additional Information:

\_\_\_\_\_

請攜帶:

- 午膳  
 有午膳供應  
 其他: \_\_\_\_\_

交通接送方法:

- 私家車  
 教會巴士/小型巴士/迷你小巴  
 其他: \_\_\_\_\_

其他資料:

\_\_\_\_\_。

**Please fill in the information below:**

Do you have health insurance?  Yes  No

Policy Number: \_\_\_\_\_

Name of the health insurance company: \_\_\_\_\_

請填寫以下資料:

有沒有健康保險? 有 沒有 投保號碼: \_\_\_\_\_

健康保險公司名字: \_\_\_\_\_

**Health information:** Has your child had any of the following?

(Check if answer is YES)

- |   |   |
|---|---|
| <input type="checkbox"/> Frequent or severe headaches | <input type="checkbox"/> Asthma         |
| <input type="checkbox"/> Ear, nose, or throat trouble | <input type="checkbox"/> Heart trouble  |
| <input type="checkbox"/> Dizziness or fainting spells | <input type="checkbox"/> Frequent colds |
| <input type="checkbox"/> Shortness of breath          | <input type="checkbox"/> Diabetes       |

健康狀況: 貴子女是否有以下的疾病? (若有, 請在方格內註以✓)

- |                                    |                                  |                                 |
|------------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> 常有頭痛或嚴重頭痛 | <input type="checkbox"/> 哮喘      | <input type="checkbox"/> 耳鼻喉有問題 |
| <input type="checkbox"/> 心臟病       | <input type="checkbox"/> 頭暈或暈厥片時 | <input type="checkbox"/> 時患感冒   |
| <input type="checkbox"/> 氣喘        | <input type="checkbox"/> 糖尿病     |                                 |

List allergies and/or allergic reactions \_\_\_\_\_

列出所有敏感症: \_\_\_\_\_

List any medication your child now takes \_\_\_\_\_

列出貴子弟現時服食的藥物: \_\_\_\_\_

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 HOSPITALIZATION or medical services deemed necessary and appropriate by the physician. I absolve said Church 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 First Chinese Baptist Church has no accident insurance. Any cost incurred shall be my sole responsibility.

本人茲授權該活動負責人, 於此次活動中如有醫療需要, 可為小兒/女取得醫療服務及選定之醫生, 施行其認為必須及適當之醫療。一切後果與教會無關。本人明白羅省第一華人浸信會沒有購買意外保險, 故一切費用, 一概由本人獨力承擔。

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
家長簽名 日期

\_\_\_\_\_  
relationship to participant ( ) home phone ( ) work phone

\_\_\_\_\_  
與參加者的關係 住宅電話 辦事處電話

\_\_\_\_\_  
Address City

\_\_\_\_\_  
住址 城市

請留此部份以資記錄

**Tear off and keep for your information**

This activity is organized by \_\_\_\_\_ (adult in charge)  
of \_\_\_\_\_ (church organization),  
First Chinese Baptist Church (213-687-0814).

此項活動乃由羅省第一華人浸信會之\_\_\_\_\_的  
\_\_\_\_\_負責。教會電話 (213) 687-0814。

Departure from church: \_\_\_\_\_ a.m./p.m. Pick-up from church: \_\_\_\_\_ a.m./p.m

啓程: \_\_\_\_\_ 接回時間: \_\_\_\_\_

參加集體活動

