FIRST CHINESE BAPTIST CHURCH
Parent Consent Form for Group Activity and Medical Authorization

_____ has my permission to participate in

_____ at _____ on _____

Bring:
_____ lunch
_____ no lunch (it's provided)
_____ other _____

Method of Transportation:
_____ private car
_____ church van
_____ other _____

Additional Information:

_____

_____

Please fill in the information below :
Child's Social Security #: _____
Do you have Health Insurance? Yes _____ No _____ Policy No. _____
Name of Health Insurance Co.: _____
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 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 First Chinese Baptist Church has no accident insurance. Any cost incurred shall by my sole responsibility.

_____
Signature

_____
Relationship to participant home phone workphone

_____
Address city

- -
Tear Off and Keep for Your Information

This activity is organized by _____ of
(adult in charge)

_____, First Chinese Baptist Church (213/687-0814).

Departure from church: _____a.m./ p.m. Return to home: _____a.m./ p.m.