



FIRST CHINESE BAPTIST CHURCH OF LOS ANGELES
Parent Consent Form & Emergency
Medical Authorization for Minors rev. 2009

_____ has my permission to participate in

Bring:

- Lunch
No lunch (it's provided)
Others

Method of Transportation:

- Private car
Church bus/van/minivan
Others

Additional Information: _____

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 Asthma
Ear, nose, or throat trouble Heart trouble
Dizziness or fainting spells Frequent colds
Shortness of breath 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 The 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 Work Phone
Address City

Tear off and keep for your information

Adult in charge Cell phone
Church organization
Departure from church Pick-up from church

First Chinese Baptist Church of Los Angeles • (213-687-0814)