CONSENT / MEDICAL RELEASE FORM FOR PERSONS UNDER AGE 18

Name		Age	Birth date			
			Phone ()			
C1ty		State	Zip code			
School		Grade in o	r just completed			
To whom it ma	y concern:					
We/I the	undersigned, do hereby give p	ermission for a	our (my) child			
	articipate in all Chinese Sch				ng the school	
anesthetic, med general or speci	uthorize an adult, in whose lical, surgical or dental diagnor al supervision and on the adviatment is rendered at the office	osis or treatme ce of any phys	nt, and hospital care, to ician or dentist on the m	be rendered to the m	inor under the	
	rsigned shall be liable and agrees rendered to the aforement				h such medical	
Should it lassume all trans	be necessary for our (my) chil portation costs.	d to return ho	me due to medical reaso	ons or otherwise, the un	dersigned shall	
	ne undersigned, do also hereby care the minor has been entrus					
	gistering, we/ (I) consent for oldocumented and to the possible School.					
In case of emer	gency, please contact:					
Name	Home Phone	V	Work Phone	Cell Phone		
Doctor	Pho	one				
Allergies						
Special health/c	liet needs					
Hospital	insurance: Yes / No					
Insurance company			Participant		Date	
Policy nu	ımber		Parent		Date	
Emergen	cy phone number		 Legal Guardian		Date	