

**CONSENT / MEDICAL RELEASE FORM
FOR PERSONS UNDER AGE 18**

Name _____ Age _____ Birth date _____
Address _____ Phone _____
City _____ State _____ Zip code _____
School _____ Grade in or just completed _____

To whom it may concern:

We/I, the undersigned, do hereby give permission for our (my) child, _____
to attend and participate in **all Chinese School activities sponsored by Chinese Baptist Church during the school year of 2021-2022.**

We/ (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist on the medical staff of a hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

We /(I), the undersigned, do also hereby give permission for our /(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Chinese Baptist Church.

(Initial _____) Also by registering, we/ (I) consent for our / (my) family and us(me) to be photographed, audio, and/or videotapes, as the event is documented and to the possible use of those photos, audio, and/or videotapes by Chinese Baptist Church or CBC Chinese School.

In case of emergency, please contact:

Name _____ Work Phone _____ Cell Phone _____
Doctor _____ Phone _____
Allergies _____
Special health/diet needs _____

Hospital insurance: Yes / No

Insurance company _____

Policy number _____

Emergency phone number _____

Participant Date

Parent Date

Legal Guardian Date