

GAP/Unikoi

First Chinese Baptist Church, Walnut Medical Release/Authorization Form

EVENT:

WHEN

WHERE

WHAT TO BRING

IF ANY QUESTIONS

Student Information

Student Name _____

Address _____

City _____ Zip _____

Home Telephone _____

Birthday _____ Age _____

Gender: M ____ F ____

Grade _____

Emergency Contact

Name _____

Relationship _____

During our event, you may be reached:

at the phone

Insurance Information

Insurance Company _____

Policy Number _____

Insured's Name _____

Health Information

Check if your child has any of the following:

- Frequent or severe headaches
- Ear, nose or throat trouble
- Dizziness or fainting spells
- Shortness of breath
- Asthma
- Heart trouble
- Frequent cold
- Diabetes

List Allergies and/or allergic reactions:

Emergency Medical Authorization

Parent or Guardian:

Should it be necessary for my child to have medical treatment while participating in the activity(ies), I hereby give the person(s) in charge permission to act on my behalf to secure any 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, Walnut has no accident insurance. Any cost incurred shall be my sole responsibility.

Print Name _____ Relationship _____

Signed _____ Date _____