CONSENT / MEDICAL RELEASE FORM FOR PERSONS UNDER AGE 18

Name		Age	Birth date			
			Phone ()			
City		State	Zip code or just completed			
3C11001		Grade in C	i just completed			
To whom it may	y concern:					
We/L the	undersigned, do hereby give p	permission for	our (mv) child			
	articipate in all Chinese Sch			Baptist Church duri	ng the school	
anesthetic, med general or specia	uthorize an adult, in whose ical, surgical or dental diagnoral supervision and on the advitment is rendered at the offic	osis or treatme ce of any phys	ent, and hospital care, to cician or dentist on the m	be rendered to the m	inor under the	
	signed shall be liable and agr ces rendered to the aforement				h such medical	
Should it bassume all trans	pe 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 occumented and to the possible School.					
In case of emerg	gency, please contact:					
Name	Home Phone	7	Work Phone	Cell Phone		
Doctor	Pho	one				
Allergies						
Special health/d	liet needs					
Hospital	insurance: Yes / No		-			
Insurance company			Participant		Date	
Policy nu	mber		Parent		Date	
Emergen	cy phone number		Legal Guardian		 Date	