

醫療授權書 MEDICAL RELEASE

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Person to Notify: _____

(Parent or Guardian)

In the event of an emergency where medical treatment is required, I give my permission to the church staff or sponsor to obtain the services of a licensed physician.

Please attempt to notify me immediately concerning any such emergency.

Comments or medical info: _____

Signature: _____ Date: _____

(Parent or Guardian) mm/dd/yr

親愛的家長：

非常歡迎您的孩子來參加二〇〇八年十二月二十六至十二月二十九中西部華人冬令會，由於您不克與您未成年的孩子(十八足歲以下)一起參加聚會，爲了醫療及意外之責任，我們希望您能在此表上簽名，證明您允許我們做必要的處置，或允許您委託之監護人全權處理。

冬令會中，除了往返交通上的安全之外，還有一些自由活動時間與體育活動，如果您不希望您的孩子參加某項活動，請在表上註明。請於註冊時務必將此表交回來，以完成孩子之註冊手續。謝謝您的合作。

中西部華人基督徒聯會 敬上

Dear Parents,

We are very glad to have your children to participate in the 12/26-12/19, 2008 Midwest Winter Retreat. Due to your absence from this retreat, we would like to ask you to sign this **Medical Release Form** in the event of an emergency and to release our responsibilities for any unsupervised activities (including free time and athletics) of your children under 18 years old. Please also assign a guardian for these activities, or restrict your children's participation in them. Your signature is appreciated. If you have any activities that you do not wish your children to participate in, please make a note on the form.

Please return this form along with other registration materials to complete your children's registration. Thank you for your cooperation!

Midwest Chinese Christian Association