

**FORT BEND COMMUNITY CHURCH CHINESE SCHOOL**  
**MEDICAL AUTHORIZATION AND LIABILITY RELEASE**  
**SCHOOL YEAR 2018-2019**

I, \_\_\_\_\_ (Name of Parent or Guardian), give my child \_\_\_\_\_ permission to attend Fort Bend Community Church Chinese School (Chinese School). Should it be necessary for my child to receive medical treatment while attending the Chinese School, I give the person in charge permission to act on my behalf to secure hospitalization or medical services deemed necessary and appropriate by the medical personnel in the event that I cannot be reached in a timely manner. I agree to bear all incurred medical expenses.

I fully release Fort Bend Community Church and the Chinese School, their agents, representatives, staff, and voluntary staff from any liabilities, claims, demands, rights of action of causes, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in the Chinese School.

Class : \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Parents email: (please print) \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_