



Health & Liability Form
Dayton Chinese Christian Church
August 2010 – July 2011

I/We give consent for _____ (name of minor) to attend any Dayton Chinese Christian Church (DCCC) events held from the month of August 2010 through July 2011.

Should transportation be required for any DCCC event, I/we authorize DCCC representatives (*some of which may be teenagers with a valid driver's license*) to transport the minor from the month of August 2010 through July 2011.

In the event that he/she is injured/struck ill while under the care of DCCC and its' representatives and requires medical attention, I/we further authorize any DCCC representatives to provide for, approve, and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, the giving of medicine, performance of operations, diagnostic and other procedures. I/we hereby consent to and will be financially responsible for any medical treatment as deemed necessary by the DCCC representatives.

I/We further agree to hold the licensed physician, the medical facility, DCCC, and DCCC representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand all reasonable safety precautions will be taken at all times by DCCC and its' representatives during all events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We do hereby release the DCCC and its' representatives from any liability due to accident, injury, or disease incurred by my child.

This Consent Form may be revoked at any time before the expiration date with written notice to DCCC.

Parent(s)/Guardian(s):

Print Name: _____

Relationship to Minor: _____

Signature: _____

Date: _____

Print Name: _____

Relationship to Minor: _____

Signature: _____

Date: _____

Dayton Chinese Christian Church, 600 Patterson Road, Dayton OH 45419, 937-299-9595

<http://dccc youth.weebly.com>



Minor Information

Name of Minor: _____

Grade of Minor: _____

Minor's D.O.B: ____/____/____

Minor's Weight: _____

Minor's Height: _____

Medication Allergies: _____

Current Medications (prescription and over-the-counter) and Instructions:

Date of Last Tetanus Shot: _____

Activity Restrictions: _____

Swimming Restrictions: _____

Is there any physical disability, mental handicap, or medical condition we should be aware of?
If yes, please describe in detail. _____

Every possible attempt will be made to contact the parent(s) or guardian(s) immediately in the event of injury or other emergency!

Name of Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact if parent(s)/guardian(s) can't be reached: _____

Phone: _____

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Health Insurance Information:

Name of Insurance company: _____ Phone: _____

In whose name is the insurance? _____

Policy #: _____

Group #: _____

Family Doctor: _____

Doctor's Phone: _____

Provide a photocopy (front and back) of your insurance card and attach.

The above three pages of information are current and accurate to the best of my knowledge.

Parent(s)/Guardian(s):

Print Name: _____

Relationship to Minor: _____

Signature: _____

Date: _____

Print Name: _____

Relationship to Minor: _____

Signature: _____

Date: _____