

Parents/Guardian Authorization Form 家長授權書

I give consent for my child to take part in the activity organize by your Church.

本人同意我的子女參加貴教會舉辦的活動_____

Name of child _____ 子女中文姓名: _____

Sex 性別: _____

出生日期 Date of Birth: _____ 聯絡電話 Tel: _____

聯絡地址 Address: _____

_____ Post Code _____

Any past medical conditions please specify (e.g. Asthma)

貴子弟過往病歷(如: 哮喘,敏感)

Any allergy to food or medication, please specify

貴子弟是否對藥物或食物有過敏。請註明

Family Doctor's Name 家庭醫生姓名: _____

Family Doctor's Contact Tel No 聯絡電話: _____

In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency and if I am not contactable, I am willing for my son / daughter to receive hospital treatment, including an anesthetic. I understand that every effort will be made to contact me as soon as possible.

I confirm that the above details are correct to the best of my knowledge.

當有意外或孩子身體不適時,我同意我的孩子接受教會急救員的護理,如有緊急情況,而教會亦未能直接與我取得聯絡,我同意讓我的孩子接受醫院的治療。我明白貴教會會盡一切努力與我聯絡。

Parents/Guardian Signature 家長/監護人簽名: _____

Parents/Guardian Name 家長/監護人姓名: _____

Home telephone 住宅電話: _____

Mobile phone 手提電話: _____

填妥表格後請交回: 梁王少妹 Please complete the form and return to:

Siu Mui Leung, **CALVARYCHINESECHRISTIANCHURCH**

15 Crowborough Lane, Kents Hill, Milton Keynes, MK7 6HE

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