I give my son/daughter: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Print Name of Child)**

permission to take part in the Tri-Valley Chinese Bible Church Program VBS on
6/5-6/9/2017

 In the event that he or she is injured while participating, I do hereby authorize and consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any licensed medical staff member under the provisions of the Medicine Practice Act.

 It is understood that this authorization is given in advance of any specific diagnosis or treatment required, but is given to provide authority and power to render care that the aforementioned physician, in his or her best judgment, may deem advisable.

 It is understood that the effort shall be made to contact me, the undersigned, prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached.

 This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

 I understand the nature of this event and do hereby release Tri-Valley Chinese Bible Church and any of its professional or volunteer staff from any liability for accidents or injury sustained by my child in conjunction with this event.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Print Name of Parent or Guardian Emergency Phone Number

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
Signature of Parent of Guardian Dated

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
Health Insurance Company Policy Number