

VACATION BIBLE SCHOOL MINOR WAIVER & MEDICAL AUTHORIZATION
(Under age 18)

Orlando Chinese Church (OCC)
2230 Rouse Rd.
Orlando, FL 32817
407- 442-9388

I hereby give my permission for my child, _____ to participate
(Please Print In English)
in the activities in the Vacation Bible School at OCC. I fully understand that my child is to abide by all rules and regulations governing conduct of this facility. It is understood that any child determined to be in violation of these behavior standards may be sent home.

I understand and acknowledge that by consenting to allow my child to participate in the Vacation Bible School activities at OCC, I shall, by law be deemed to have given up all claims against OCC and each of its officers, employees and agents (hereinafter collectively referred to as "OCC") for any injury, accident, illness or death occurring at OCC. I also agree to relieve OCC of any responsibility for damage to or loss of my child's property occurring at OCC. In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action).

I have received a copy of the Regulations and Policies and agreed to comply.

*Signature of Parent or Guardian

Date

* Address (Please Print In English)

*Phone

*Father's/Guardian's work phone Mother's/Guardian's work phone

Signature of Minor (12 years and older)