

MEDICAL RELEASE FORM
Dallas Chinese Christian Youth Camp

As the parent/legal guardian of (Name of Student): _____

I hereby give my permission for my child to participate in the yearly Dallas Chinese Christian Youth Camp or "DCCYC", or any of DCCYC's activities. I hereby release DCCYC, its staff, sponsors and officers from liability for any illness, injury, misadventure, or harm of any kind suffered as a result of participation in "DCCYC".

I request that in my absence the above-named student be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named student.

Date of student's birth: ____ / ____ / ____ Date of last Tetanus Booster: ____ / ____ / ____
Allergies: _____
Other Medical Conditions: _____

Student's Physician: _____ **Phone #:** (____) ____ - ____
| (____) ____ - ____

Medical Insurance Co. **Phone #:** _____

Policy Holder **Policy Number**

Name of Parent/Guardian: _____
Street Address: _____ City: _____ State: _____ Zip _____
Phone # H: (____) ____ - ____ Phone # M: (____) ____ - ____ Work #: (____) ____ - ____

Person to notify if parent/guardian is unavailable: _____
Street Address: _____ City: _____ State: _____ Zip _____
Phone # H: (____) ____ - ____ Phone # M: (____) ____ - ____ Work #: (____) ____ - ____

Signature of Parent /Guardian: _____ **Date:** _____