

2009 年路州華人基督徒靈修營

2009 Louisiana Chinese American Christian Spiritual Retreat

醫療授權書 Permission to Direct Medical Care Form

我 _____ (父母或監護人名字) 根據此文件准許我的兒/女 _____ (孩子名字) 在他/她發生意外、受傷、生病或其他與健康有害事件時，接受必要的醫療照顧與管理。以下列名的授權人，代替我執行上述事項，直到連絡到我為止。本人同意支付有關我兒/女一切的醫療費用。此證僅在 2009 年路州華人基督徒靈修營期間有效(9/5-9/7, 2009)。

I _____ (Parent/Guardian's Name) hereby grant permission to direct and administer medical care for my child _____ (child's name) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume responsibility for the payment of any medical treatment received by my child. This release is effective September 5-7, 2009, during the 2009 Louisiana Chinese Christian Spiritual Retreat at Tall Timbers Baptist Conference Center, 10218 Highway 165 South, Woodworth, LA, 71485

地址(Address): _____

電話/手機 (Phone/cell): _____

醫療保險公司 (Insurance) _____

保險卡號碼(Policy Number): _____

要是無法及時聯絡上我，以下列名的人，可以代替我執行上述事項。

In case that I cannot be contacted, anyone of the following people is designated to act on my behalf:

1). _____

2). 我兒/女所參加的營會有關的同工 (Coworker(s) attending the retreat):

醫生姓名 (Physician's Name): _____

醫生電話/手機(Physician's Phone/Cell): _____

父母/監護人簽名: _____ 日期: _____

Signature (Parent/Guardian)

Date