

**Medical Consent/Media Release Form '21-'22**

1. I hereby give permission for my child(ren) to attend Vocational Bible School at Chinese Evangelical Church Of Portland. I understand that my child(ren) may participate in physical activities such as the playground. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability Chinese Evangelical Church Of Portland and any persons involved in the Children Ministry.
2. In the event of an emergency that requires medical treatment for the above named child(ren), I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give permission to the Children volunteers to secure the services of a licensed physician to provide the care necessary for my child(ren)'s well being. I assume responsibility for all costs connected to any accident or treatment of my child(ren).
3. I grant permission for photo(s) of my child(ren) to appear among general photos as long as there is no identifying information shown.

I have read and agree to the Terms and Conditions stated above

**Signature (Initial) 家長簽名**

Child's Name (#1)

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Child's Name (#2)

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Child's Name (#3)

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Parent/Guardian Signature (#1):

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