

2010 年路州華人福音營  
2010 Louisiana Chinese Gospel Camp

**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 2010 年路州華人福音營營期間有效（5/15-16, 2010）。

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 May 15-16, 2010, during the 2010 Louisiana Chinese Gospel Camp at Acadian Baptist Center, 1202 Academy Drive, Eunice, LA 70535.

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 camp):

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