

North Texas Chinese Church
3501 Cross Timbers Road, Flower Mound TX 75028

**Medical Authorization and Release of Liability for all church
related activities for youth and children**

For and in consideration of the North Texas Chinese Church, I _____ do hereby and forever discharge the North Texas Chinese Church from any and all liability for injury or damage sustained by, including but not limited to, any claims for injuries or damage to the person, death, medical expenses and hospitalization, court costs, and/or attorney's fees arising out of any injury received while participating in any church related activities.

Name of Youth/Child _____

Name of Parents _____

Address _____

Cell phone or best contact number _____

Participant's Medical Doctor _____

Allergies or concerns _____

Health or physical concerns _____

Current medications _____

Emergency Contact name and telephone #:

Parent/guardian permission signatures

Sign name or write "No"

1. To ride on Church vans with those under NTCC's Insurance _____
2. To have my youth/child's picture in Church publicity _____
3. To have my youth/child's picture on church website and social media _____
4. To administer basic first aid to youth/child _____ (we will contact parent immediately)

5. To give appropriate dose of pain/headache medication _____ (we will call before giving any medication)