

Chinese Community Church of Indianapolis
Children Sunday School

3405 E. 116th Street
Carmel, IN 46033
(317)706-0433

Consent and Release

Date _____ Parent(s)/Guardian(s) Names – Please Print _____

First _____ Last _____

First _____ Last _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____ Cellular# _____

Name(s) of child(ren) – Please Print

1. _____
2. _____
3. _____
4. _____

I/We hereby appoint:

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

as an adult who, during my/our absence from Chinese Community Church of Indianapolis, Indiana, shall be authorized to consent for all medical and/or surgical treatment and/or other medical procedures which may be required during our absence. If circumstances permit, I/we would like to have our doctor consulted in connection with such medical and/or surgical treatment and/or special procedures. His/Her name, address and telephone number are as follows:

Name _____
Address _____
Phone _____

In consideration of the services which are rendered to any child or children named above we agree to pay for all such responsible and necessary services. This authorization shall be effective until as long as my child/children is/are attending Sunday School at Chinese Community Church of Indianapolis.

Waiver/Release of Liability: I/We _____ (print name), waive any and all claims against Chinese Community Church of Indianapolis, its Board of Directors, Administrative Staff and teachers in the event of any injury, sickness, or death resulting from any accident while my child(ren) is/are attending Sunday School at Chinese Community Church of Indianapolis, Indiana.

Signature of Parent(s)/Guardian(s): _____

Date: _____