



# Liên Đoàn Chi Lăng

## Giấy Xin Phép

v/v Liên Đoàn Chi Lăng tổ chức

Kỳ (Event) Christmas Party Location 6731 Westminster blvd (Date) 12/23/2018  
Westminster, Ca 92683

Có mặt lúc (Start) 4:00 PM 12/23/2018

Ra về lúc (End) 11:00 PM 12/23/2018

Lệ Phí (Fee) \$10 per Au, \$20 per Thieu Dụng Cụ dress up  
\$25 per Kha/Thanh/Crew/Phu (Gears)  
Huynh/Truong/Trang

Liên lạc (Contact) Tr Cuong 714-679-8543, Tr. Hanh 714-478-2088 Khi khẩn cấp hay trễ  
(emergency or late)

T.M. Hội Đồng Trưởng Liên Đoàn Chi Lăng  
(LD Chi Lăng Leadership Council)

### Ghi Chú:

- Xin quý phụ huynh phối hợp phương tiện di chuyển cho các em đến đúng giờ. (Please arrange the transportation to reduce cost and arrive on time)

### Permission Form - Giấy Cho Phép

I (we), the undersigned parent, parents/legal guardian of \_\_\_\_\_, a minor, do hereby request that he/she be permitted to attend (event) Camping on (date) 5/27-5/29/17 and should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Boy Scout /Girl Scout Council of Orange County, Liên Đoàn Chi Lăng (Pack/Troop/Varsity/Crew/Troop 279/1279), its officers or leaders for medical aid rendered at a hospital or first aid rendered at the event and will reimburse the Boy Scout/Girl Scout Council of Orange County, Liên Đoàn Chi Lăng, for medical or other expenses incurred in the care of my children. This authorization is given pursuant to Section 6910 of the Civil Code of California and remains effective only for the event and date listed above.

Family Physician/Bác Sĩ \_\_\_\_\_ Phone/ĐT \_\_\_\_\_

Is he taking medication No Yes Specify \_\_\_\_\_ Dosage \_\_\_\_\_

**Medication must be accompanied by written instructions from the parent or physician and in their original containers.**

Allergic to \_\_\_\_\_ Restricted activities and/or food \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone/ĐT \_\_\_\_\_

Date \_\_\_\_\_ Signature/Ký tên \_\_\_\_\_