

Liên Đoàn Chi Lãng

9168 McBride River Avenue, Fountain Valley, CA 92708

Giấy Xin Phép

Liên Đoàn Chi Lãng Tổ Chức

Kỳ (<i>Event</i>)	Camp Fiesta Island	@ Camp Fiesta Island, 1750 Fiesta Island Rd, San Diego Meet at: Santa Ana Train Station, 1000 E. Santa Ana Blvd, Santa Ana, CA 92701	Date 4/09/22
Có mặt lúc (<i>Start</i>)	Santa Ana Train Station: 1000 E. Santa Ana Blvd, Santa Ana, CA 92701 @8 AM (Sat 4/09/22)		
Ra về lúc (<i>End</i>)	2 PM (Sun 4/10/22)		
Lệ Phí (<i>Fee</i>)	\$10 camp fee and \$25 round trip ticket	Dụng Cụ (<i>Gears</i>)	Camping gear
Liên lạc (<i>Contact</i>)	Tr. Charles 949.689.9754, Tr. Hoang 562.303.0386, Tr. Hang 714.350.2739		Khi khẩn cấp hay trễ (<i>emergency or late</i>)

T.M. Hội Đồng Trưởng Liên Đoàn Chi Lãng
(*LĐ Chi Lãng Leadership Council*)
Tr. Charles Nguyen

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 **Camp Fiesta Island** on **4/09/22** 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 Lãng (Pack/Troop/Crew 2279 and GS Troop 2279), 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 Lãng, 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/she taking medication? No / Yes (If 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: _____