

Please Print

Name: _____ Grade: _____

VALLEY CHRISTIAN HIGH SCHOOL
EMERGENCY AUTHORIZATION CARD

In case of emergency, school personnel are authorized to proceed as follows:

1. Call parent or guardian at _____
Home Address Home Telephone

Father: _____
Business Name and Address Business Telephone

Mother: _____
Business Name and Address Business Telephone

If Unable to Reach Them

2. Call _____
Friend-Neighbor Address Telephone

3. Physician _____
Name Telephone

If the above named doctor is not available and/or an emergency exists, may we have your consent to take your child to a local emergency room and to have them administer treatment as necessary?

Yes _____ No _____

Authorization to Consent to Treatment of Minor

(I)(We), the undersigned, parent(s) of _____, a minor, do hereby authorize Valley Christian High School coaches or school officials as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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 on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provision of the Family Section Code 6910.

Father's signature (in ink)

Mother's signature (in ink)

(Or) Guardian's signature (in ink)

Name of Insurance Co.