

HERITAGE CHRISTIAN SCHOOLS SPORTS EMERGENCY CARD 2016 - 2017

Last Name	First Name	MI
Street Address		Zip Code
Boy / Girl	Birth Date _____	Soc. Sec. # _____

Medical Information: List any allergies _____

Health Concerns or Medications taken _____

Names and phone numbers of all persons, **INCLUDING PARENTS**, permitted to remove this student from school. Please list the order you would like the staff to call (on the left side of the names), if an emergency should arise. This information will also be used for our Disaster Plan Calling Tree.

 Mother / Legal Guardian's Name Cell Phone Home Phone Work Phone

 Father / Legal Guardian's Name Cell Phone Home Phone Work Phone

 Name Relationship Cell Phone Home Phone Work Phone

 Name Relationship Cell Phone Home Phone Work Phone

 Name Relationship Cell Phone Home Phone Work Phone

 Name Relationship Cell Phone Home Phone Work Phone

 Name Relationship Cell Phone Home Phone Work Phone

Readyland/Heritage siblings _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

In the event of an emergency, and I (we) cannot be reached in a reasonable amount of time, I (we), the undersigned parent(s) of, a minor, authorize Daniel Barrett, acting Principal of Heritage Academy and Heritage Junior High, or a designated representative, to act as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, transport to hospital, 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 Medical 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 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 provisions of Section 25.8 of the civil Code of California. This authorization shall remain effective until revoked in writing delivered to said agent(s).

Father / Legal Guardian's Signature _____ Date _____

Mother / Legal Guardian's Signature _____ Date _____

Present Medical Doctor _____ Phone _____

Present Dentist _____ Phone _____

List Hospital preference in case of emergency _____

List Insurance Group and Policy # _____