

CONSENT FOR TREATMENT

Concerning: _____
Name of Student

THIS DOCUMENT IS APPLICABLE TO THE PERIOD OF TIME DURING WHICH YOUR CHILD ATTENDS CALVARY CHAPEL CHRISTIAN SCHOOL.

This form is necessary to have on hand in case an emergency arises at the school and treatment must be sought after every effort has been made to contact the parents, guardians, or persons noted on your child's emergency card.

I give permission for _____ to receive treatment by a physician or at the hospital emergency room in the even that I cannot be reached by phone.

I may be reached in case of emergency at: *(Please list numbers in the order of preference that you wish to be contacted.)*

Phone number

Phone number

Phone number

Please list any medical conditions or allergies below that pertain to your child:

Signature _____ Date _____
Parent/Guardian

Sworn to and subscribed before me this _____ day of _____, 20_____

My commission expires

NOTARY PUBLIC, STATE OF FLORIDA

() Personally Known

() Produced Identification Type _____

Number _____