

**CALVARY CHRISTIAN ACADEMY ATHLETIC EMERGENCY BLUE CARD**

*Please use Black Ink*

Students Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_  
Name Address Phone

Emergency Contact:  
Father: \_\_\_\_\_  
Name Address Phone

Mother: \_\_\_\_\_  
Name Address Phone

Other: \_\_\_\_\_  
Name Address Phone

Medications: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group Policy #: \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR**

I, (we), the undersigned, parents of \_\_\_\_\_ a minor, so hereby authorize the Calvary Christian Academy Coaching Staff, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care is deemed advisable by, and is to be rendered under the general or special supervision of any physician or at said hospital. I also authorize evaluation and first aid treatment of interscholastic injuries on the field, in the training room or in the offices of Registered Physical Therapists and/or Certified Trainers.

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 diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her 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 August 20 unless sooner revoked in writing delivered and said agent(s).

\_\_\_\_\_  
Father Signature / Date

\_\_\_\_\_  
Mother Signature / Date

\_\_\_\_\_  
Legal Guardian Signature / Date