

# HILLCREST CHRISTIAN SCHOOL

17531 Rinaldi St., Granada Hills, CA 91344 - Phone 818.368.7071 Fax 818.363.4455

## Sports Emergency Treatment Authorization

### Authorization for Treatment of a minor (one form for each child)

#### We call 911 For All Major Emergencies

I/we, the undersigned, parent(s) or guardian of \_\_\_\_\_,  
birthdate \_\_\_\_\_, grade \_\_\_\_\_ (minor), do hereby agree and authorize:

(a) In the event my child suffers sudden illness, accident, or injury, I/we give permission and authorize Hillcrest Christian School its agents and representatives, to provide emergency aid and to provide or authorize such emergency transport and medical treatment that is deemed necessary by a paramedic, emergency medical technician, physician, or dentist (health professional). In the event hospital treatment is deemed advisable by the health professional, and the school is unable to reach the parents or legal guardian or the emergency contact listed below, I/we authorize the hospital, or urgent care facility most accessible at the time of accident or during the illness, to administer such x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital or temporary emergency care deemed advisable. Emergency care may be rendered under the general and special supervision of any physician and surgeon on the medical staff of said hospital or emergency care facility, whether such diagnosis or treatment is rendered at the hospital or emergency medical facility or at the office of the physician; and

(b) 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 HILLCREST CHRISTIAN SCHOOL, its agents and employees, to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned health professional, in the exercise of his/her best judgment, may deem advisable.

(c) It is further understood that a completed original of this Emergency Treatment Authorization signed by each parent or guardian having custodial rights is required to be on file with the school as a condition to enrollment and/or participation in any school activity or event. It is further understood that it is my/our responsibility as the custodial parent or guardian to ensure that the information on this form is current. I/we further understand and agree that unless I/we complete and file a more current Emergency Treatment Authorization, Hillcrest and the medical professionals referred to herein shall be entitled to rely on the information and authorization contained herein.

#### Parent or Legal Guardian: (please print)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Daytime Phones: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Daytime Phones: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

#### Emergency contacts other than parent or guardian listed above: (please print)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Daytime Phones: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Daytime Phones: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Daytime Phones: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

Continued on Reverse

### PROOF OF INSURANCE

Please note that all students who participate in sports are required to have a parent consent form and proof of insurance in order to participate. Please provide the following information.

Student Physician– Health Care organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company/ HMO: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child’s Medical Record Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber’s Name \_\_\_\_\_ Subscriber’s Number \_\_\_\_\_

**Please attach a copy of your current insurance card to this form for verification.**

### HEALTH RECORD

Date of last Tetanus Shot \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_ Explain \_\_\_\_\_

Check if your child has had the following and give details below:

\_\_\_\_ Heart Trouble \_\_\_\_ Diabetes \_\_\_\_ Asthma \_\_\_\_ Epilepsy/Seizures \_\_\_\_ Allergies  
\_\_\_\_ Other medical conditions \_\_\_\_\_

My child is allergic to the following medications, bee stings, or has other allergic reactions: \_\_\_\_\_

My child takes medication on a daily basis \_\_\_\_\_ What kind? \_\_\_\_\_ How much? \_\_\_\_\_

How often? \_\_\_\_\_

**WHEN STUDENTS ARE OFF CAMPUS, HILLCREST CHRISTIAN SCHOOL IS NOT RESPONSIBLE TO DISTRIBUTE ANY MEDICATION.**

**Mediation/Arbitration:** I/We further agree that any claim or dispute arising from or related to this Emergency Treatment Authorization or the aid or treatment given to my child shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Mediation and Arbitration of Disputes Agreement as set forth in the Parent-Student Handbook and in the Parental Contract which is incorporated herein by reference and was delivered to you with your signed copy of the Parental Contract. I/We agree that this Mediation and Arbitration of Disputes Agreement shall provide the sole remedy for any dispute arising between me/us, my/our children, and the school or its employees or agents and do hereby waive, on behalf of the undersigned and my/our children, the right to file any legal action against the school or its employees or agents in a civil court or agency, except to enforce an arbitration decision.

Print Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** It is your responsibility to keep the information contained in this authorization current. In the event you need to change or update the information, you are required to complete a new original of this Emergency Treatment Authorization which may be obtained from the school office.