



CALVARY CHAPEL

CHRISTIAN SCHOOL

Permission to Treat

I, _____, hereby grant Calvary Chapel Christian School personnel the authority to obtain medical treatment for my student, _____.

In the event of an emergency, the above CCCS personnel are authorized to call the following:

1. Name: _____ Cell: _____
2. Name: _____ Cell: _____
3. Name: _____ Cell: _____

In the event that contact is unsuccessful, the CCCS personnel are authorized to:

- Obtain medical treatment and procedures for the child as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.
- Obtain routine medical treatment from appropriate health care provider if symptoms of illness occur (e.g., coughing, irregular breathing, unusual rash, swallowing problems, etc.)

This grant of temporary authority is for the school year of August 2019 through May 2020.

Should the need arise to contact the student's physician, please contact:

Name of Physician: _____

Phone Number: _____

Student Name: _____

Grade: _____

Parent Name: _____

Date: _____

Parent Signature: _____