

HILLCREST CHRISTIAN SCHOOL

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

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 for 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

Student's Physician- Health Care organization: _____ Phone () _____

Medical Insurance Company/ HMO: _____ Policy Number: _____

Child's Medical Record Number: _____ Policy Number: _____

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.

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? _____

Hillcrest Christian School is unable to distribute any medication unless a physician signed release is on file.

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.*