

Family Name: _____

Citrus Valley Christian Academy

Medical Release

| Name of Minor Child | Birthdate | Date of Last Tetanus Shot |
|---|--------------|----------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| Name of Mother and Father | | Home Phone |
| | | Work Phone |
| | | Cell Phone |
| Emergency Contacts | Phone | Cell |
| 1. | | |
| 2. | | |
| Family Physician | | Phone |
| Dentist | | Phone |
| Insurance | | Group/Policy Number |
| Allergies to Drugs/Foods or Chronic Medical Conditions | | |
| | | |
| Special Medications Other Pertinent Information | | |
| | | |

I (We), the undersigned, parent(s)/person(s) having legal custody/legal guardianship of the above named minor child(ren), do hereby authorize CVCA as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of an hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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 to power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. These authorizations shall remain effective from August 1, 2020 to July 31, 2021 unless sooner revoked in writing delivered to said agent(s).

I certify that all information is true and complete. I have read, understand, and by my signature consent to these statements.

Father: _____ Date: _____

Mother: _____ Date: _____