

Emergency Information for Eastside Athletics

In Case of Emergency call:

Name _____ Grade _____ Sport _____

Mom's Name _____ Mom's work _____

Home Phone # _____ Mom's cell/pager _____

Dad's Name _____ Dad's work _____

Home Phone # _____ Dad's cell/pager _____
(if different than above)

Alternate Phone Numbers:

Relative/ friend's name _____ Relationship _____ Phone

Relative/ friend's name _____ Relationship _____ Phone

Eastside Christian Schools Fullerton, California

EASTSIDE CHRISTIAN SCHOOL ADMITS STUDENTS OF ANY RACE, COLOR, AND NATIONAL OR ETHNIC ORIGIN.

Authorization for Treatment of a Minor

I (we), the undersigned, parent(s) of _____, a minor, do hereby authorize EASTSIDE CHRISTIAN SCHOOL, FULLERTON CALIFORNIA, its adult agents and employees, into whose care said minor has been entrusted while traveling to and from and while attending EASTSIDE CHRISTIAN SCHOOL outings, to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-Ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power on the part of EASTSIDE CHRISTIAN SCHOOL, its adult agents and employees, to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician or dentist in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

This authorization shall remain effective until September 1, 2009, unless sooner revoked in writing delivered to said agent(s).

The undersigned is (are) a person(s) having legal custody of, or is (are) the legal guardian(s) of said minor.

FATHER'S SIGNATURE or LEGAL GUARDIAN'S SIGNATURE

DATE

MOTHER'S SIGNATURE or LEGAL GUARDIAN'S SIGNATURE

DATE