

VICTORY CHRISTIAN ACADEMY  
THE CENTER FOR LUTHERAN EDUCATION



**Emergency Information**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name & Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name & Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian's Name & Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**LOCAL PERSONS WHO WILL CARE FOR CHILD IN AN EMERGENCY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School May Choose a Physician: Yes \_\_\_\_\_ No \_\_\_\_\_

Local Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

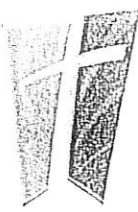
Insurance: \_\_\_\_\_ ID # \_\_\_\_\_

*Specific information you wish the school to have regarding emergencies:*

\_\_\_\_\_  
\_\_\_\_\_

Does your child suffer from any physical impairment which might retard education progress? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain. \_\_\_\_\_

\_\_\_\_\_



VICTORY CHRISTIAN ACADEMY  
THE CENTER FOR LUTHERAN EDUCATION



**Authorization of Consent to Treatment of a Minor**

In the event that your student is injured while at school we prefer to take him to his own family doctor rather than a stranger. Under all circumstances we attempt to contact the parent and notify them of the injury and seek their advice and consent for medical treatment. It is not uncommon, however, that a student is injured and for one reason or another the parents are just not available by phone. Sometimes they are out shopping or have been sent on an errand for their employer. This makes it awkward since doctors will not perform medical practice on a minor without the consent of the parents.

Just in case any of this should happen to you, we would like to place in our files the following blanket authorization. Then, if we are unable to contact you we can still take your student to his doctor and have an injury treated. If your doctor is not available or if the injury prohibits a long ride to his office, this authorization enables us to take him to the closest licensed physician. We covet your cooperation. Please enclose separate authorization forms for each child enrolled.

Please complete this form in duplicate. If we have to use one, it may be necessary for you to fill out an additional copy since most doctors prefer to keep it in their files after use.

.....  
(I) (We), the undersigned, parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize Victory Christian Academy, California 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 provisions of the Medical Practice Act by the medical staff of a licensed 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 and power on the part of our aforesaid agents(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and after a reasonable attempt has been made to contact parents and /or guardian.

This authorization shall remain effective until June \_\_\_\_, \_\_\_\_, unless sooner revoked in writing delivered to said agent(s).

DATE: \_\_\_\_\_

FATHER: \_\_\_\_\_

MOTHER: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

LEGAL GUARDIAN: \_\_\_\_\_



## Sports Transportation

This form will be used for Sports Transportation which includes transportation to practices and games. Students are allowed to transport themselves and others to Home Games and Practices only. They **must** ride with an adult to away games unless given **Special Permission** to drive themselves, so they do not need to return to school.

Student Name: \_\_\_\_\_

### Parental Permission for Travel Arrangements

Emergency Phone for parents during sporting event: \_\_\_\_\_

My son/daughter has permission to travel as follows: (Sign below on one line only)

Level I = Riding in an adult-driven vehicle only: \_\_\_\_\_

Level II = Riding in a student-driven vehicle: \_\_\_\_\_

Name of Specific Student Driver: \_\_\_\_\_

Permission includes Level I)  
(Left blank implies any student driver is OK)

Level III = Driving self without riders: \_\_\_\_\_

(Permission includes Level I and II)

Level IV = Driving & Transporting other Students: \_\_\_\_\_

(Permission includes Level I, II & III)

Date in which Driver's License was issued: \_\_\_\_\_

Legal Vehicle Capacity (Includes Driver): \_\_\_\_\_

Names of Riders:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_