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**CALVARY CHAPEL PRIVATE SCHOOL PROGRAM**

3232 W. MACARTHUR BLVD. SA CA 92704

OFFICE 714/549-8727 FAX 714/549-5065

CCPSP IS A MINISTRY OF CALVARY CHAPEL OF COSTA MESA

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**MEDICAL AUTHORIZATION TO TREATMENT FORM**

NAME OF STUDENT:

DATE OF FIELD TRIP:

LOCATION:

**AUTHORIZATION TO CONSENT TO TREATMENT**

*I / We the parents / Guardians of the student named above do hereby authorize Calvary Chapel High School as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care which is deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on 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 in advance to provide authority and power in the part of the aforesaid agents. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.*

Name of Family Doctor:

Phone Number of Family Doctor:

Phone number where parent can be reached:

Insurance Company:

Parent / Guardian Signature

Date