



# GRACE VALLEY CHRISTIAN ACADEMY

*Committed to Excellence in Christian Education*  
27173 COUNTY ROAD 98 ✧ DAVIS, CALIFORNIA 95616  
PH (530) 758-6590 ✧ FAX (530) 758-2406

## Delegation of Authorization for Medical Care

Students at Grace Valley Christian Academy must have a current and accurate Emergency Card on file in the school office in case of illness or emergency. In these situations parents are called using the information provided on the Emergency Card. **When parents/guardians are out of town, or unavailable** (e.g. hospitalization), school administration needs to know who is authorized to act on your behalf:

Student Name/s: \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Authorization Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Caregiver Contact Information: Home phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian for the above-named students, do hereby delegate and authorize \_\_\_\_\_ to make medical care decisions for my children. Grace Valley Christian Academy shall contact the caregiver/s during my absence/unavailability in case of illness or emergency.

\_\_\_\_\_  
(Parent/guardian signature) (Date)