Grace Valley
CHRISTIAN ACADEMY

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**, school administration needs to know who is authorized to act on your behalf:

Student Name(s): _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Parent/Guardian: _____

Authorization Start Date: _____ End Date: _____

Caregiver Name: _____

Caregiver Contact Information: Mobile Phone: _____

I, _____ , parent/guardian for the above-named students, do hereby delegate and authorize _____ to make medical care
(Authorized Caregiver's Name)
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

Updated on November 2, 2018