



**AWAKEN**  
CHRISTIAN ACADEMY  
*Established in 1994 as Calvary Chapel Christian School*

## Permission to Treat

I, \_\_\_\_\_, hereby grant Awaken Christian Academy personnel the authority to obtain medical treatment for my student,

\_\_\_\_\_.

In the event of an emergency, the above ACA personnel are authorized to call the following:

- |                |             |
|----------------|-------------|
| 1. Name: _____ | Cell: _____ |
| 2. Name: _____ | Cell: _____ |
| 3. Name: _____ | Cell: _____ |

In the event that contact is unsuccessful, the ACA personnel are authorized to:

- Obtain medical treatment and procedures for the child as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.
- Obtain routine medical treatment from appropriate health care provider if symptoms of illness occur (e.g., coughing, irregular breathing, unusual rash, swallowing problems, etc.)

This grant of temporary authority is for the school year of August 2025 through May 2026.

Should the need arise to contact the student's physician, please contact:

Name of Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Grade: \_\_\_\_\_

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

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_