



# CALVARY CHAPEL CHRISTIAN SCHOOL

## First Aid Consent Form

I, hereby, authorize the Coaches and Athletic Staff at Calvary Chapel Christian School to treat my child listed below for minor athletic and orthopedic injuries, illnesses and conditions during the season in which my child participates in team sports. I understand that this includes, but is not limited to:

Injury Evaluation  
Preventative/Protective Taping  
General First Aid

Injury Rehabilitation  
Stretching and Strengthening  
Injury and illness treatment

I understand that my signature allows the Coaches, Athletic Staff and Administration at Calvary Chapel Christian School to provide First Aid care for my child, if my child directly asks for their assistance, or is unable to ask for assistance. I also acknowledge that this consent form refers to injuries or conditions that occur during, or directly from, athletic competition, or practice, as part of Calvary Chapel Christian School Athletics.

Athlete's Name: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: In a case of a catastrophic injury, everything will be done to maintain the health and life of your student athlete regardless of whether or not you have submitted this form.

If you have any questions or concerns, please contact the Athletic Office by phone @ (562) 803-5151 or by email at [MNuno@CalvaryDowney.org](mailto:MNuno@CalvaryDowney.org).

*It is God who arms me with strength, and makes my way perfect. Psalm 18:32*