

## Registration Card

Child's Name \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Best Contact Phone # \_\_\_\_\_

Additional emergency name and # \_\_\_\_\_

\_\_\_\_\_  
Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Medical Allergies? \_\_\_\_\_

Current Treatment? \_\_\_\_\_

Any additional information \_\_\_\_\_

## Authorization to Consent to Treatment

On behalf of \_\_\_\_\_ I do authorize Calvary Fellowship of Rohnert Park, as agents for the undersigned to consent to any and all medical treatment deemed advisable by any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care rendered but is given to provide authority to CFRP to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician deems advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California.

\_\_\_\_\_  
(Father, Mother, or Legal Guardian)

\_\_\_\_\_  
Date