

SOUTHLAKE CHRISTIAN ACADEMY
ATHLETIC EMERGENCY DATA SHEET
2016-2017

Student Name _____

Grade _____ Parent's contact number _____

Parent's name: _____

Insurance Company: _____

Insurance ID number: _____

Medical Information: (i.e. allergies, medicines, etc)

Sports: _____

I, _____, grant power of attorney to the coaching staff of SouthLake Christian Academy to act in my behalf in giving consent to emergency personnel, doctors, emergency care facilities, and/or hospitals for the treatment and care of my child, _____, in the event of an injury or sudden illness while participating in athletic events with SouthLake Christian Academy. This power of attorney will only be granted when the attending physician or emergency facility is unable to contact me to receive the immediate treatment of my child in a life or death situation. I freely and willfully grant this power of attorney and understand that by doing this I release SouthLake Presbyterian Church, SouthLake Christian Academy, employees and agents of SouthLake Presbyterian Church and SouthLake Christian Academy or coaching staff from any liability in the exercise and results from the exercise of this power of attorney. ***This form must be notarized.***

Parent's signature _____ Date _____

Parent's name (printed) _____

North Carolina, _____ County

I, _____ a Notary Public for _____ County, North Carolina, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this _____ day of _____, 20__.

My commission expires _____ 20__.

Notary Public Signature _____

(Official Seal or Stamp)