

SOUTHLAKE CHRISTIAN ACADEMY  
ATHLETIC EMERGENCY DATA SHEET  
2018-19

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)