

SOUTHLAKE CHRISTIAN ACADEMY
EMERGENCY DATA SHEET
2017-2018

STUDENT'S NAME _____

GRADE _____ PARENTS' CELL(S) _____

PARENTS' NAMES _____

INSURANCE COMPANY _____

INSURANCE ID # _____

MEDICAL INFORMATION: (i.e. allergies, medicines, etc) _____

EVENT INVOLVED IN _____

I, _____, grant power of attorney to the 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 an event 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) _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, personally appeared before me, the said named, _____, to me known and known to me to be the person described in and who executed the foregoing instrument and he acknowledged that he executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires _____ 20____.

NOTARY PUBLIC _____

Official Seal or Stamp