

EMERGENCY MEDICAL AUTHORIZATION
School Year 2019-2020

TO WHOM IT MAY CONCERN:

I, the undersigned parent and/or guardian of my minor child, _____ in anticipation of the possibility of need for emergency medical care of said child hereby appoint the Administration of the Suncoast Christian Academy to authorize medical care reasonably necessary to preserve the life and health of my minor child upon the following conditions:

1. That a reasonable attempt to locate me is unsuccessful.
2. That health care providers believe it is in the child's best interest to provide emergency health care to preserve the life and health of my minor child.
3. That there remains insufficient time within which to obtain verbal consent of the undersigned to propose medical treatment.

Parent/Guardian Signature Date _____

Student's Name

SWORN TO; and subscribed before me this _____ day of _____, _____
Date Month Year

Notary Public, State of Florida

Personally known _____, or
Type of Identification Produced _____

Print, Type or Stamp Commissioned
Name of Notary Public