

PENSACOLA CHRISTIAN COLLEGE

Pensacola, Florida

POWER OF ATTORNEY FORM

Shaded areas must be filled out by the parent or guardian.

Student's Name _____ Date of Birth _____ Present Age _____
Last First Middle Day/Month/Year

This is to certify that I/we, _____ and _____, parent(s)/guardian(s) of the minor listed above do hereby consent to and appoint the Dean of Women, the Dean of Men, and the assistants to said persons, of Pensacola Christian College, Inc. ("Appointees"), P.O. Box 18000, Pensacola, Florida 32523-9160, U.S.A., as our true and lawful attorneys with the power to authorize and consent to the administration of any anesthetic or medical treatment and performance of whatever operation, procedure, or removal of tissue decided to be necessary by the attending physician or medical provider on the above-named minor for the period of his/her registration at Pensacola Christian College.

Neither the Appointees nor Pensacola Christian College, Inc. (including its affiliates and subsidiaries) shall incur any liability whatsoever by reason of the giving of any authority or consent to treatment hereunder, and there is no obligation on Pensacola Christian College, Inc., or the Appointees to be available to exercise this power of attorney should the minor need medical attention.

In consideration of the above-named Appointees' exercise of this contract, authorized hereunder, the undersigned agree to hold harmless and indemnify said Appointees and Pensacola Christian College, Inc., its affiliates and subsidiaries, along with its and their officers, directors, employees, agents, contractors, and/or successors and assigns, from and against any liability whatsoever arising from the administration of any anesthetic or any medical treatment or procedure or performance of any operation or the removal of any tissue as a result of any consent hereunder without any limitation of the foregoing. This indemnifying agreement shall apply to any liability whatsoever, whether presently known or unknown, or anticipated or unanticipated, arising by reason of the giving of any consent hereunder.

MUST BE COMPLETED IN FULL

County _____ State _____

Signature of Parent(s) or Guardian(s):

Before the undersigned Notary Public, personally appeared

Signature _____ Relationship _____

Parent/Guardian Name

Signature _____ Relationship _____

who is personally known to me/or who has produced identification (state type of ID) _____ and who did/did not take an oath.

Address _____ City _____ State _____

Country _____

Given under my hand and official seal this _____ day of _____ 20____.

Telephone numbers in case of emergency:

1. _____ 2. _____

Notary Public

Special Medical Information Regarding Student:

My commission expires _____.

1. Has a heart condition _____

2. Is diabetic _____

3. Has epilepsy _____

4. Is allergic to _____

5. Had tetanus shot on _____

Had most recent booster on _____

6. Take to military hospital ONLY _____

7. Other medical information _____

Notary Seal

This request for a Power of Attorney is in case a student is involved in an accident or suddenly becomes seriously ill. Local hospitals, in most cases, will not admit a minor for observation purposes without your consent. The law will not allow treatment on minor children without parental or guardian consent. Therefore, it is necessary that you complete and return this form to us prior to registration. This form must be notarized and cannot be altered in any way.

No minor living in College facilities will be officially enrolled in school until this form is on file.

The administration of the College assures you that this power will only be exercised in case of an emergency. If such an emergency arises, an immediate attempt will be made to notify you through one of the emergency telephone numbers.