

# PENSACOLA CHRISTIAN COLLEGE

## POWER OF ATTORNEY

*Must be completed by the parent or legal guardian*

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle M/F Month/Day/Year

Pursuant to Fla. Stat. § 743.0645, I/we, \_\_\_\_\_ and \_\_\_\_\_, as parent(s)/guardian(s) of the minor identified above ("Minor") do hereby consent to and appoint the Vice President for Student Life, the assistants to said person, or affiliate employees as the Minor's representatives, who all are over the age of eighteen (the "Agents"). All of the Agents are employed by or on behalf of Pensacola Christian College, Inc., whose mailing address is: P.O. Box 18000, Pensacola, Florida 32523-9160, U.S.A.

I/we, as parent(s)/guardian(s) of the Minor, grant the Agents with the power of attorney to provide medical consent to medically necessary surgical and general anesthesia services and the 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 or until the Minor reaches the age of majority. The Agents shall only exercise the granted authority described herein if I/we cannot be contacted by the Minor's treatment provider. The extent of the Agents' power of attorney is limited to the specific authority provided herein. I/we acknowledge and agree that the authority provided herein does not include, unless otherwise stated, any of the duties specified in Fla. Stat. § 709.2114.

Pursuant to Fla. Stat. § 765.109(1), neither the Agents 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 Agents' exercise of the specific power of attorney granted herein, I/we agree to hold harmless and indemnify said Agents 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 \_\_\_\_\_

Before the undersigned Notary Public, personally appeared

\_\_\_\_\_ who  
Parent/Guardian Name

is personally known to me / has produced identification

(state type of ID) \_\_\_\_\_

and who did / did not take an oath.

Given under my hand and official seal this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.

Notary Seal

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

If both names are listed above, both should sign;  
if only one name is listed, only that parent/guardian should sign.

\_\_\_\_\_  
Signature Relationship

\_\_\_\_\_  
Signature Relationship

\_\_\_\_\_  
Address City State

\_\_\_\_\_  
Country

Telephone numbers in case of emergency:

1. \_\_\_\_\_

2. \_\_\_\_\_

**Witness**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Witness**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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. No minor using 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.

**If the student is attending for the fall semester, this form should not be completed prior to February 1. If the student is attending for the spring semester, this form should not be completed prior to September 15.** The form must be notarized and cannot be altered in any way. If a mistake is made, do not cross out, white out, or write over the mistake; you should instead complete a new form. Forms received with cross-outs/white-outs/write-overs will be returned and a new form will need to be completed.