



## 2010 EMERGENCY RELEASE FORM

In the event of illness or accident which requires medical treatment, at a time when a parent or legal guardian cannot be located or contacted in a timely fashion, I give permission to SGMSA and representatives thereof to secure medical emergency treatment and do hereby give permission to the physician, selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my child, \_\_\_\_\_ . I will not hold SGMSA or Southern Adventist University, or its representatives, or the medical personnel liable. This is done with the understanding that every attempt will have been made to contact a parent or other authorized person/guardian.

Parent/Guardian Signature:

Date:

**Please mail form, together with non-refundable registration fee and copy of health insurance coverage for student to:**

**SGMSA, Nelson Bailey, PO BOX 434, Hendersonville, TN 37077**