



*Developing the whole person
to the glory of God.*

SAVANNAH CHRISTIAN PREPARATORY SCHOOL

Chatham Parkway Campus
1599 Chatham Parkway • P.O. Box 2848
Savannah, GA 31402-2848
(912) 234-1653 • Fax: (912) 234-0491

www.savcps.com

DeRenne Avenue Campus
2415 E. DeRenne Ave.
Savannah, GA 31406
(912) 355-2693 • Fax: (912) 352-7397

Authorization for Emergency Medical Treatment

I/We, _____, the parent(s)/guardian(s) of

(Child's Name) _____; Birthday - _____; Current Age - _____

do hereby authorize the bearer of this document to obtain any and all medical, surgical, and/or emergency care, which in the bearer's opinion is needed by the above named child. I/We further accept full responsibility for the payment of any and all debts and expenses incurred from such medical, surgical, and/or emergency care. This document shall remain in full force and effect until modification and/or voided in writing by the undersigned parent(s)/guardian(s) of the above named child.

Home address: _____ Home Telephone Number _____

Child's Allergies:

Parent(s)/Guardian(s) Insurance Information: _____

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

Subscribed and sworn to and before me this _____ day of _____, 20__

Notary Signature _____