



Sacramento Adventist Academy

EMERGENCY AUTHORIZED RELEASE FORM

5601 Winding Way, Carmichael, CA 95608 Phone (916) 481-2300 Fax (916) 481-7426

www.sacaa.org

Student's First Name _____ Last Name _____

Student's Date of Birth _____

In the event of sudden illness or accident requiring attention, I hereby authorize **Sacramento Adventist Academy** to administer first aid, and if necessary, take my child to an emergency care facility, indicated by my signature below.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Please Print) _____