

New Beginnings Christian Academy

Emergency Medical Authorization

Should _____, _____ suffer an injury or illness while
Child's Name Date of Birth

in the care of New Beginnings Christian Academy, Inc. and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/we agree to keep the facility informed of changes in telephone numbers, etc. where I/we can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

Physician/Clinic Name Telephone Number

Known medical conditions (i.e.) diabetic, asthmatic, drug allergies:

Signature of Parent/Guardian: _____ Date: _____
Phone: Cell _____ Work _____ Home _____

Emergency Medical Procedures

In the event of illness or accident requiring immediate treatment, New Beginnings Christian Academy will make every attempt to contact the parents, the child's physician or other persons listed for emergency contact. If this is not possible, the center will use the following hospital for medical treatment:

Wellstar Kennestone Hospital
677 Church Street
Marietta, GA 30060
770-793-5000