



**Connection Pointe
Christian Academy**

888 East-West Connector S.W. ▪ Austell, GA 30106 ▪ 770-803-6475
Teresa Sigman, Director

Authorization for Emergency Medical Treatment

If my child, _____, should become ill or injured at Connection Pointe Christian Academy, I understand that the facility will contact me immediately and/or contact the person(s) I have designated as alternate contacts.

Should Connection Pointe Christian Academy be unable to reach me and/or the persons I have designated, CPCA is authorized to contact my child’s primary physician and/or arrange for immediate treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. Children in the care of Connection Pointe Christian Academy will be transported to **Wellstar Cobb Hospital on Austell Road.**

By signing this statement, I agree to all provisions of this form; I also agree to keep all telephone numbers and emergency contact information current with the CPCA; and I further agree to accept responsibility for payment of any medical services rendered in the event my child is transported to a medical facility and or seen by a doctor/physician.

Signature

Date

Relationship to Child

Medical Alert Information (i.e. Medicine allergies, handicap conditions, etc.)

