



**Connection Pointe  
Christian Academy**

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

Teresa Sigman, Director

Vehicle Emergency Medical Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Phone Numbers: \_\_\_\_\_

Mother's Phone Numbers: \_\_\_\_\_

List (1) alternate person if parents cannot be reached:

Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical facility the Center uses is **Wellstar Cobb Hospital 3950 Austell Road, Austell GA 30106**

List child's allergies: \_\_\_\_\_

Current prescribed medications: \_\_\_\_\_

Special medical needs or conditions: \_\_\_\_\_

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*In the event of a medical emergency while transporting my child, I delegate to Connection Pointe Christian Academy the authorization to have my child treated by emergency medical staff if an immediate decision is needed and I cannot be reached. I further understand that I will be responsible for all medical expenses incurred during the treatment of my child.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature