

Sherry Adams Preparatory Academy

MEDICAL INFORMATION

Individual(s) to contact if those listed above cannot be reached for a **MEDICAL EMERGENCY**:

Name: _____

Phone _____

I hereby authorize Sherry Adams Preparatory Academy to give and/or obtain **EMERGENCY MEDICAL** assistance for my student in the event that I cannot be reached. I assume **FULL** financial responsibility for any such medical service rendered.

I hereby give permission that my child, _____, may be given emergency treatment by a staff member at Sherry Adams Preparatory Academy. I also give permission for my child to be transported by car, or ambulance to an emergency center for treatment, and agree to hold Sherry Adams Preparatory Academy and its employees harmless. Sherry Adams Preparatory Academy will attempt to make contact with the persons listed as emergency contacts and will follow their wishes if the circumstance allows.

In the event that no one can be contacted, Sherry Adams Preparatory Academy will contact a physician, ambulance personnel or emergency room personnel and will follow the recommendations of these persons. I agree to pay any expenses that Sherry Adams Preparatory Academy may incur in the emergency treatment of my child.

Does the applicant have a current Georgia School Certificate of Immunization Form 3231? Yes No

A copy of this form, as required by law, must be submitted to Sherry Adams Preparatory Academy before the applicant can attend school.

Sherry Adams Preparatory Academy also requires a copy of the following forms:

____ Birth Certificate _____ Ear, Eye, Dental Form (Form 3300).

Students entering 6th grade must have current Immunization Records.

(Continued)

MEDICAL INFORMATION

SIGNED: _____ **Date:** _____
Father/Guardian

SIGNED: _____ **Date:** _____
Mother/Guardian