

Sherry Adams Preparatory Academy

Vehicle Emergency Medical Information / Transportation Agreement

Child's name _____

Birth date _____

Address _____

Home Phone _____

Known Allergies _____

Current Medication _____

Special needs/conditions _____

Father's / Guardian's name _____

Employer _____

Work phone _____

Cell Phone _____

Mother's / Guardian's name _____

Employer _____

Work phone _____

Cell Phone _____

In case of an emergency and parents cannot be reached:

Name _____

Phone _____

Child's Physician _____

Phone _____

Medical Centers that Sherry Adams Preparatory Academy uses:

Douglasville Campus – WellStar Douglasville

Hospital Address: 8954 Hospital Drive, Douglasville, GA 30134 Phone: 770-949-1500

Sherry Adams Preparatory Academy

(Continued)

I give permission for my child, _____, to ride on the Sherry Adams Preparatory Academy bus/van or designated vehicle to be transported to and from field trips/excursions. We ask that you discuss vehicle safety with your child.

In the event of an emergency involving my child, if I cannot be reached, I hereby authorize any necessary medical treatment to be given. I further agree that I will not hold Sherry Adams Preparatory Academy, or its representatives, liable in any way. I understand that I will be responsible for all medical expenses incurred during the treatment of my child.

Parent / Guardian: _____

Date: _____