Holy Ground Baptist Academy
1355 North Hwy 27
Roopville Ga 30170
Phone: 770-854-4659 / Fax: 770-854-4652
website: http://www.hgstallions.org/

# Emergency Medical Authorization

Should _____, _____ suffer an injury or illness
Child's Name DOB

While in the care of Holy Ground Baptist Academy 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/W agree to keep the facility informed of changes in telephone numbers, etc. where I 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 Telephone Number

"Training Spiritual Champions"