

**Abundant Grace Academy
Vehicle/Emergency Medical Information**

Name _____ Date of Birth _____

Address _____

Spouse's Name _____ Work No. _____ Cell No. _____

Next of Kin _____ Work No. _____ Cell No. _____

Emergency Contacts

(When Spouse or Closest Relative CANNOT be reached):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician _____ Phone _____

Allergies _____

Special Medical Needs/Conditions _____

Email Address: _____

Please turn over

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In the event of an emergency , and if Abundant Grace Academy cannot get in touch with my relatives: I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Medical Facilities used by Abundant Grace Academy

**WellStar Atlanta Medical Center South
1170 Cleveland Avenue
East Point, GA 30334**

Employee Name (Print) _____

Signature _____ Date _____

Witnessed By _____ Date _____

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In the event of an emergency, and if Abundant Grace Academy cannot get in touch with my relatives: I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during my medical treatment and or hospital care.

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