



Northeast Community Church Academy

5395 Light Circle, Norcross, GA 30071

770-441-7955

www.necconline.org

VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

Mother's Name _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

Person to notify in case of an emergency and parents cannot be reached:

Name _____ Phone Number _____

Child's Doctor _____ Phone Number _____

Medical Facility the Center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special medical needs and conditions _____

In the event of an emergency involving my child, and if _____

Name of Facility

Cannot get touch with me, 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.

Child's Name _____

Signature of (Parent/Guardian) _____

Witness by _____ Date _____