



Berean Christian Junior Academy

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Atlanta, GA 30318

(404) 799-0337 Fax (470) 225-7250

Continuing Emergency Information Card & Consent to Treatment

Emergency Information Card

"In the event of an emergency, accident, serious illness, or injury requiring medical attention, I understand that every effort will be made to contact me. If I cannot be reached, BCJA will then try to reach the emergency contacts listed below. These individuals also have permission to pick up my child(ren) in the event of an emergency. I have initialed the names of the emergency contacts that I authorize to give consent to treatment for my child(ren).

Initial	Name	Home Phone	Cell Phone	Business Phone
Physician Name		Phone	Address	
Pediatrician				
Dentist				

Continuing Consent to Treatment

In the event of an emergency where immediate medical attention is necessary, I hereby authorize Berean Christian Junior Academy personnel to give consent to treatment as deemed necessary by emergency responders. I give my permission for my child to be taken to a hospital and treated by a physician if s/he becomes ill or injured while at BCJA. I further give permission for medical personnel to render any required medical or surgical services and to administer any required anesthesia to the student. I guarantee payment for services not covered by insurance. This consent shall remain in continuous effect until revoked in writing."

Medical Information	Name	Phone #	Group #
Insurance			
Allergies			
Medications			

Signature of Parent/Guardian

Date