

**Piedmont Academy, INC.**  
**126 Hwy. 212 W., PO Box 126**  
**Monticello, GA 31064**  
**(706) 468-8818 ~ www. PiedmontAcademy.com**

### **Emergency Medical Authorization**

In the event \_\_\_\_\_, (\_\_\_\_\_) suffers an injury  
(Child's Name) (Date of Birth)  
or illness while in the care of PIEDMONT ACADEMY PRESCHOOL, and the preschool in  
unable to contact me (us) immediately, the preschool shall be authorized to secure such medical  
attention and care for the child as may be necessary. I (We) shall assume responsibility for  
payment for services.

I (We) agree to keep PIEDMONT ACADEMY PRESCHOOL informed of changed is telephone  
numbers, etc. where I (we) can be reached.

PIEDMONT ACADEMY PRESCHOOL agrees to keep me informed of any incidents requiring  
professional medical attention involving my child.

My child's primary source of health care is:

\_\_\_\_\_  
(Name of Physician/Clinic) (Telephone Number)

Known medical conditions (Examples: Diabetic, asthmatic, drug allergies)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Legal Guardian) (Date)

\_\_\_\_\_  
(Telephone Number)