

# PADRE PIO ACADEMY EMERGENCY MEDICAL FORM

Family Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_

Mother's Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Alt. Cell Phone Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone: \_\_\_\_\_

## **Emergency Contacts**

Please supply the contact information of two people whom you authorize the school to call if you cannot be reached in an emergency:

1. Name \_\_\_\_\_

Relationship to student (Grandmother or Family Friend, for instance) \_\_\_\_\_

Phone Number \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **Consent to medical treatment:**

I understand that Padre Pio Academy will make reasonable effort to contact me as soon as possible in the event of an emergency.

In case of a medical emergency, I hereby authorize Padre Pio Academy's agents to take reasonable measures to assist the injured party. I understand that such measures might include basic first aid at the school or transfer of my child(ren) to a hospital emergency room, medical/dental center or the summoning of Emergency Medical Technicians. I hereby give my consent for treatment by EMTs/doctors/hospital or dentist.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_