St. Anthony of Padua School
EMERGENCY MEDICAL FORM

STUDENT NAME ____ DOB __________

MEDICAL

Doctor's Name ____________________________________ Phone ____________________
Dentist's Name ____________________________________ Phone ____________________
Health Policy No. ____________________ Preferred Hospital ________________________
Allergies ______________________________ Life Threatening? __________ (Yes/No)
Other ____
Health Factors ____
____

PARENT CONTACT INFORMATION
Last Name ______________________
First Name ______________________
Relationship ______________________
Language ______________________
Address

Home Phone No. ____________________
Email Address ____________________
Work Place ______________________
Work Phone ______________ Ext. ______
Cellular Phone ____________________

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MEMO

In the event reasonable attempts to contact me have been unsuccessul, I hereby give my consent for (1 the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2 the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent(s)_ Signature ____ *Date*____________________

REFUSAL TO CONSENT: I do not give my consent for emergency medical treatment of my child. In the event of injury requiring emergency treatment, I wish the school authorities to take the following action: ________________

Parent(s)_ Signature ____ *Date*____________________

By typing my name above, which shall constitute my electronic signature, I acknowledge that I am the parent or legal guardian of the Child(ren) named in this registration and have the authority to sign this document and act on his/her or their behalf. I agree that my electronic signature is intended to authenticate this writing and to have the same force and effect as my manual signature.