



PADRE PIO ACADEMY

MEDICAL INFORMATION FORM 2023-2024

Student's Name: _____ Date of Birth _____
Last First

Parent Information:

Father/Guardian: Last Name First Name Daytime Phone

Mother/Guardian: Last name First Name Daytime Phone

Other Emergency Contact: _____
Name Daytime Phone

Physician: _____ Phone: _____

Insurance Company: _____

Policy #: _____ Policy Holder: _____

Allergies? Please explain, use back if needed: _____

Any other health or special concerns? Please explain, use back if needed: _____

Are any of the following used? Inhaler EpiPen - in backpack or kept at PPA? _____

My child may be given: Acetaminophen (Tylenol) Ibuprofen (Advil) Benadryl Neosporin NONE

AUTHORIZATION FOR MEDICAL CARE

This health history is correct so far as I know. I hereby give permission to the Teacher or Adult-In-Charge to provide routine health care and basic medications. I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. Should a medical emergency arise during my child's participation in a Padre Pio Academy activity, I understand that reasonable efforts will be made to contact me or my designated alternate at the phone numbers I have given. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to the administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility and the immediate administration of life-sustaining measures deemed necessary under the circumstances.

Signature: _____ Date: _____