



**The Best Academy - 09-10**  
**(formerly named Boys Academy)**  
**MEDICAL EMERGENCY FORM**

**The welfare of your child is our first consideration. In case of a minor, medical emergency, the school will attempt to contact the parent/guardian at home or work before attempt is made to contact anyone else.**

**If your Address, Telephone Number(s), or Physician changes during the school year, please notify the school immediately with new information.**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent/ Guardian Name:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Doctor's Office Phone:** \_\_\_\_\_

**Name of Nearest Relative, if you are not available:** \_\_\_\_\_

**Relative's Phone Number:** \_\_\_\_\_

**In case of a major, medical emergency, or, illness involving my child, it is my understanding that I will be notified. I give permission for qualified staff to administer necessary first aid; and, when indicated, notify our family physician. If the physician is not available, and medical treatment is needed immediately, I give permission to have my child transported to the nearest emergency service: Pilot City, HCMC, or Children's Hospital. I understand any action taken will be most expedient for the well being of my child. If an ambulance is called, this cost is my responsibility.**

**Parent/ Guardian Signature**

**Date** \_\_\_\_\_

