

CONGREGATION EMANU EL HELFMAN RELIGIOUS SCHOOL
EMERGENCY MEDICAL AUTHORIZATION SCHOOL YEAR 2010-2011

GRADE 2010-2011 _____

PARENTS: COMPLETE THIS ENTIRE FORM. PLEASE PRINT ALL INFORMATION.

Student's Name: _____ Birthdate: _____

Address: _____

_____ Name of Father

Name of Mother

Home Address

_____ City Zip Code Home Address City Zip Code

Home # Cell /Pager# Home # Cell/Pager #

Business # Business #

**List names and phone numbers of persons who should be called in case of emergency. (If Mother or Father is unavailable.)
(Please include cell phones or pager # where necessary.)**

1. _____ 2. _____ Name
Phone Name Phone

MEDICAL INFORMATION

Does your child have any existing medical conditions? _____ YES _____ NO

If yes, please explain:

Does your child take any prescribed medication on a regular basis? _____ YES _____ NO

If yes, please specify (name of medication): _____

Reason for taking each medication: _____

Does your child have any allergies? _____ YES _____ NO If yes, please specify: _____

Does your child wear contacts or prescription glasses? _____ YES _____ NO

Does your child have or has he/she ever had any special difficulty with speech or hearing? _____ YES _____ NO

If yes, please describe fully: _____

Does your child have any learning disabilities _____ YES _____ NO If yes, please explain: _____

Please share with us any information that will help us work better with your child. _____

In the event that I (we) cannot be reached in an emergency, I (we) hereby authorize Congregation Emanu El Religious School to take my (our) child to:

_____ Name of Physician Address Phone

or to the following hospital: _____, in addition, I hereby authorize the doctor of said hospital to perform any medical procedure necessary for the health of my (our) child.

Signature of Parent or Guardian Date

THE AUTHORIZATION GRANTED BY THIS FORM WILL BE USED ONLY WHEN ABSOLUTELY NECESSARY AND ONLY AFTER EVERY ATTEMPT HAS BEEN MADE TO CONTACT THE PARENT(S). WE FIND THAT DOCTORS AND HOSPITALS REFUSE TO GIVE TREATMENT, REGARDLESS OF HOW MINOR, UNLESS THEY HAVE AUTHORIZATION FROM THE PARENT(S). AS TIME CAN BE ESSENTIAL IN A MEDICAL EMERGENCY, THIS WOULD ASSURE YOUR CHILD OF PROMPT PROFESSIONAL ATTENTION.