



Maayan Torah Day School Emergency Form
School Year _____

Child's Name _____ Date of Birth _____

Father's Name _____ Father's Work Phone _____

Father's Cell _____ Father's Home Phone _____

Mother's Name _____ Mother's Work Phone _____

Mother's Cell _____ Mother's Home Phone _____

PLEASE LIST TWO PEOPLE WE CAN CONTACT IN CASE OF AN EMERGENCY IF A PARENT CANNOT BE REACHED. A CONTACT PERSON SHOULD BE SOMEONE WHO LIVES IN THE NEIGHBORHOOD OR IS OTHERWISE READILY AVAILABLE.

Name _____ Phone# _____ Relationship _____

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PEDIATRICIAN'S Name _____

Address _____ Phone # _____

DENTIST'S Name _____

Address _____ Phone Number _____

MEDICAL INSURANCE Company _____ Policy Holder _____

Policy Number _____ Group Number _____

MEDICAL INFORMATION

Medication(s) your child is allergic to _____

Medication(s) your child is currently taking _____

Allergies _____

If your child has a medical condition such as asthma, please describe _____

Other important medical information you would like us to have _____

MEDICAL EMERGENCY AUTHORIZATION

I / We _____, the parents of _____ hereby acknowledge:

I/We may not be available to provide consent for medical treatment in the event that our child becomes sick or is injured during participation in a school authorized activity. If I/We are not available for such consent, it is my/our desire to have the best available medical treatment for my/our child.

THIS FORM HEREBY AUTHORIZES MAAYAN TORAH DAY SCHOOL AND ITS STAFF TO ACT ON MY/OUR BEHALF WITH RESPECT TO ANY REQUIRED MEDICAL TREATMENT DECISIONS AND CONSENTS UNTIL SUCH TIME AS I/WE ARE ABLE TO PROVIDE THESE ITEMS. NOTICE IS HEREBY GIVEN TO ANY QUALIFIED MEDICAL PERSONNEL THAT THIS AUTHORIZATION IS CURRENTLY IN EFFECT, AND SUCH PERSONNEL ARE DIRECTED TO ACT UPON SUCH AUTHORIZATION WITHOUT DELAY.

I/We agree to assume financial responsibility for all expenses and bills incurred in any emergency requiring medical attention.

Father's Signature: _____ Date _____

Mother's Signature: _____ Date _____