

ANSHE TIKVAH

EMERGENCY SCHOOL FORM

2015-2016

PLEASE NOTE: THIS FORM MUST BE FULLY COMPLETED

(LAST NAME) (FIRST NAME) (BIRTH DATE) (SEX) (GRADE)

(HOME ADDRESS) (CITY) (_____) (HOME PHONE)

(FATHER'S NAME) (_____) (WORK PHONE) (_____) (CELL PHONE)

(MOTHER'S NAME) (_____) (WORK PHONE) (_____) (CELL PHONE)

(PHYSICIAN'S NAME) (_____) (PHONE)

(LOCAL PERSON-OTHER THAN PARENT TO CALL) (_____) (PHONE) (RELATIONSHIP)

(MEDICAL RESTRICTIONS)

EMERGENCY CONSENT:

If the parent(s) and/or guardians cannot be contacted in case of serious injury or illness, I authorize the school to take such emergency action as may be necessary, including transportation of the student to a hospital or medical center.

As a parent and/or guardian, I do herewith authorize the treatment by a qualified or licensed medical doctor or the above listed minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

I hereby indemnify and hold harmless Anshe Tikvah in all matters related to the provision of such treatment. This release form is completed and signed of my own free will with sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of Parent or Guardian Giving Emergency Consent

Date