

Student Medical Information & Authorization - 2011-2012

The Religious School strives to meet the needs for all of its students and to provide the best educational environment for your child. These forms are confidential and relevant information is given only to the student's teacher.

Student's Name: _____ DOB _____ Grade as of 9/1/11 _____

Name of Public/Private School _____

Emergency Contacts: _____ Tel. # _____

_____ Tel. # _____

Guardian's Name (if applicable) _____

Phone # _____ Cell # _____ Email _____

Please contact us with any Family information changes so we can keep our records current.

Does your child have any allergies, medical or physical conditions?

Please list all medications your child takes on a regular basis:

Is your child presently enrolled in a special program in his/her public or private school?

Any other information that you feel the School should know in order to best meet your child's needs?

MEDICAL AUTHORIZATION: If I cannot be reached, I authorize Temple B'nai Chaim to act in my behalf relative to seek emergency medical treatment for my child. If an emergency should arise, I hereby give my permission for the school to obtain care from a licensed physician or dentist. I also give my permission to the school for my child to be taken to a hospital or other medical facility.

Student's Doctor: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Signature of Parent or Guardian

Date