



# RELIGIOUS/HEBREW SCHOOL EMERGENCY MEDICAL FORM

Must be completed and signed annually

STUDENT NAME \_\_\_\_\_  
FIRST NAME LAST NAME MIDDLE INITIAL

HOME ADDRESS \_\_\_\_\_  
STREET CITY ZIP PHONE

BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

HEALTH INSURANCE CO. \_\_\_\_\_ RECORD# \_\_\_\_\_

ALLERGIES \_\_\_\_\_

OTHER RELEVANT HEALTH ISSUES \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

IF PARENTS CANNOT BE REACHED PLEASE CALL:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

In the event that a Parent/Guardian cannot be contacted, I hereby authorize all necessary medical and/or surgical procedures that Temple Sinai may deem necessary for the health of my child. I hereby give my permission for medical personnel at any hospital, emergency room or other health care facility to render such emergency care. I, the undersigned Parent/Guardian, fully understand that I am responsible for any and all medical costs incurred on my child's behalf, including ambulance costs. I hereby release and hold Temple Sinai, its affiliates, staff, volunteers, officers, and directors, harmless from any and all liability with regards to the provision of emergency medical treatment to my child.

PARENT/GUARDIAN  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_