Masoret Yehudit מסורת יהודית
Schools & Community Center
A division of Torah Umesorah

Medical Information and Emergency Authorization

Name of Child: _____

Allergies: ❒ None ❒ Yes _____

Please provide ANY pertinent medical history or information about existing conditions which may affect your child at school: _____

_____

_____

Purpose of Emergency Authorization is to Enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents/guardians cannot be reached. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, and/or health personnel including student nurses and other school personnel. This form MUST be notarized to be accepted by the hospital.

I hereby give my consent to _____ (name of hospital) to administer necessary treatment to my child _____(name of child) in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Name of physician: _____ Phone: _____

Date of Last DPT or Tetanus: _____

Insurance company covering child: _____

Policy Number: _____ Expiration Date: _____

_____ _____ _____
Parent/Legal Guardian Print Name *Parent/Legal Guardian Signature* *Date*

Sworn to and subscribed before me this _____ day of _____, 20____

by _____ (Name of person acknowledged).

My commission expires:_____ _____
Signature of Notary Public, State of Florida

❒ Personally Known
❒ Produced Identification
Type: _____ #:_____ _____
Print Name of Notary as Commissioned