



Rishonim/BMA/RWR Emergency Form 5769, 2008-2009  
**OUR TENTH YEAR**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade (2008-2009) \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Beeper \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Beeper \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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**PEDIATRICIAN**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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**MEDICAL INSURANCE**

Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**OVER**

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**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 parent(s)/guardian(s) 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 THE NEW SHUL RISHONIM 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.**

Parent/Guardian Signature(s) \_\_\_\_\_

Date \_\_\_\_\_