



Rishonim/BMA/RWR Emergency Form
5770, 2009-2010

Child's Name _____ Date of Birth _____

Grade (2009-2010) _____

Parent's Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Beeper _____

Parent's Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Beeper _____

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 _____

PEDIATRICIAN

Name _____

Address _____

Phone _____

MEDICAL INSURANCE

Insurance Company _____

Policy Holder _____

Policy Number _____ Group Number _____

OVER

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 _____