TEMPLE BETH EL TORAH SCHOOL

Emergency / Medical Release 5771 ~ 2010-2011

Please complete one form for **each** *child enrolled in Torah School*

Do you want us to contact a doctor in case of an emergency when we cannot contact you? _____yes _____no

Child's Name _____ Grade _____

Family Doctor_____ Phone _____

Health Plan _____ Policy # _____

Dentist _____ Phone _____

Medical Conditions _____

List all medication taken regularly _____

(This is crucial for emergency situations when we might have to report such medications to a doctor)

I, the undersigned parent of the child named above, a minor, authorize any agent representing Temple Beth EL, in the event of an emergency to consent to any x-ray examination, anesthetic, medial or surgical diagnosis or treatment and hospital care that is deemed advisable. This agreement also gives permission to treat dental emergencies. I understand that I am financially responsible for any an all costs and fees incurred in connection with such treatment.

I release Temple Beth El and its employees and representatives from any liability or responsibility for accidents or injuries that may occur.

Parent Signature _____ Date ____ Phone _____

Cell Phone _____

Weekend ***Emergency*** Contact (not parent) _____ Phone _____

Out of Region **Emergency Contact** (For earthquake preparedness) _____ Phone _____

Use the bottom of this page for more information