

Mesivta of Coral Springs
Student Emergency Form

Student's Name _____ Male _____ Grade _____

Student's Hebrew Name _____

Birth Date _____ Social Security # _____

Name of parent, guardian, or custodian _____

Address _____
Street City State Zip

Home Phone # _____

Mother's name _____ Father's name _____

Work # _____ Cell # _____ Work # _____ Cell# _____

Email _____ Email _____

Hospitalization (Insurance) Policy _____ Policy # _____

EMERGENCY CONTACT: _____
Name Phone

EMERGENCY CONTACT: _____
Name Phone

PLEASE COMPLETE CAREFULLY:

1. **Medical Alert:** (diabetes, epilepsy, or other serious medical concern) _____
2. Allergy to medications (please list) _____
3. Medications being taken (please list) _____
4. Previous fracture or joint injuries _____
5. Allergies (foods, etc.) _____

Doctor of choice: _____ Phone: _____

This grants permission to release information concerning treatment of my child _____
to the representative from MesivtaCS accompanying him/her and also to the school nurse.

If, in the opinion of the properly licensed and practicing physician, my son needs medical or surgical services that require my/our authorization or consent before being supplied, I/we hereby authorize, appoint, and empower MesivtaCS to act as my/our agent to furnish on my/our behalf such oral or written authorization as which might arise from the giving by it of such authorization; it being my/our desire that my/our son be furnished with medical or surgical services as soon as reasonably possible after the need arises.

X _____ Date _____

X _____ State of _____
Signed by Parents, Legal Guardian, or Custodian County of _____

The foregoing instrument was acknowledged before me on this _____ day of _____ 20_____.

_____ Notary Public

***Please include a copy of the front and back of your insurance card**