

FUCHS MIZRACHI SCHOOL

Emergency Medical and Legal Authorization Form

Please provide the information below for your children in grades 1 through 12. Return to the Front Office when completed.

Student Information:

Student Name:	Grade:	Date of Birth:
Student Name:	Grade:	Date of Birth:
Student Name:	Grade:	Date of Birth:
Student Name:	Grade:	Date of Birth:
Student Name:	Grade:	Date of Birth:

Student Guardianship/Parent Information:

Parent/Guardian Name:	Mobile #:	Office #:	Other #:
Parent/Guardian Name:	Mobile #:	Office #:	Other #:

Student Medical History, Allergies, Medications and/or Physical Limitations:

Student Name	Medical History/ Allergies /Physical Limitations/Prescribed Medications

Emergency Contact Information:

Emergency Contact Name:	Relationship:	Best Phone #:
Emergency Contact Name:	Relationship:	Best Phone #:

I give consent for the school nurse to administer Acetaminophen and Ibuprofen

In the event that reasonable attempts to contact me or the other persons listed on this form have been unsuccessful: Check One (Grant or Deny) below, sign and date.

I GRANT PERMISSION for the administration of any treatment deemed necessary by the medical professional listed below. *Or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to the hospital listed below.*

I DENY PERMISSION for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I instruct the school authorities to take the following action(s): _____

Hospital of Choice:	
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Signature of Parent/Guardian:			
Printed First and Last Name:		Date:	