

FUCHS MIZRACHI SCHOOL

2019-20 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 Home Address:					

Student Guardianship/Parent Information:

Parent/Guardian Name:		Mobile #:		Office #:		Other #:	
Parent/Guardian Name:		Mobile #:		Office #:		Other # :	
Non-Custodial Parent Name:		Mobile #:		Office #:		Other# :	
Is there a restraining order?	<i>If Yes, submit a copy of the Court's Order to the school office</i>						

Emergency Contact Information:

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

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

By indicating "Yes" below, you give your consent for the school nurse to administer either Tylenol or Advil to your child(ren).

Student Name	Health Issues/Physical Limitations/Prescribed Medications	*Advil	*Tylenol

**I give consent for the school nurse to administer Advil or Tylenol.*

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): _____

Doctor's Name:		Dentist's Name:	
Doctor's Phone:		Dentist's Phone:	
Hospital of Choice:			

Signature or eSignature of Parent/Guardian:			
Printed First and Last Name:		Date:	