

# FUCHS MIZRACHI SCHOOL

## 2020-21 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 #:	
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### 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:	