2016-2017 5776-5777

EMERGENCY INFORMATION FORM

FAMILY NAME: ____ DATE: ____________________________

ADDRESS: ____

HOME TELEPHONE: ____

EMAIL: ____ FAX: __________________________________

INSURANCE COMPANY NAME: ________________________ POLICY NO. ___________________

Please attach copy of student health insurance card (both sides of card please).

Student Name	Date of Birth	Allergy to drugs/food	Medical problems, past or current	Names of current medications

Mother's Name: ______________________________ Business Phone: ____________________ Fax: ___________________

Cell Phone: ____

Best E-mail (most frequently checked): ___ ______________________

Father's Name: ______________________________ Business Phone: ____________________ Fax: ___________________

Cell Phone: ____

Physician's Name(s) ___________________________ Telephone: ____

Relative, (not parent), friend, or neighbor who may be contacted if parent cannot be reached:

Name: ______________________________________ Relationship: ____

Home Phone: ______________________________ Cell Phone: ____

Name: ______________________________________ Relationship: ____

Home Phone: ______________________________ Cell Phone: ____

ROUTINE CARE - I hereby give permission to Foxman Torah Institute aka Delaware Valley Torah Institute to administer first-aid care in emergency situations and to give my child(ren) Tylenol (acetaminophen), Ibuprofen, over-the-counter allergy medicine, and/or any other common household remedies when necessary.

I (parent or guardian), the undersigned, do hereby authorize FOXMAN TORAH INSTITUTE aka Delaware Valley Torah Institute as our general agent to any emergency care deemed advisable and to be rendered through general or specific supervision of any licensed physician or surgeon. It is understood that this authorization is given in advance of any specific need for treatment and is given to provide the authority to the aforesaid agent to give specific consent to any and all emergency treatment or hospital care which the physician in the exercise of his best judgment may deem advisable.

______________________________________ ______________________________

Signature of Parent Date