

**Southern California Yeshiva High School  
Medical Consent/Emergency Contact Form  
School Year 2008-2009**

**STUDENT'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**AUTHORIZATION TO TREAT MINOR:** In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

**PARENT/GUARDIAN SECTION: MUST BE COMPLETED**

Print Name(s) of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_

Parent/Guardian Work/Cell Phone: \_\_\_\_\_

Parent/Guardian Work/Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact's Phone Number(s): \_\_\_\_\_

Pagers, cell phones, e-mail: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Dentist's Phone: \_\_\_\_\_

Health Insurance Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Health Insurance Phone: \_\_\_\_\_

Does student have any known Critical Medical Needs/Allergies/Conditions we should be aware of?:    Yes    No

If yes, please describe/list \_\_\_\_\_

\_\_\_\_\_  
**I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above.**

**Date:** \_\_\_\_\_ **Parent /Guardian Signature:** \_\_\_\_\_