

**RAMBAM MESIVTA
EMERGENCY INFORMATION & AUTHORIZATION FORM
2018 - 2019**

Complete this form and return to Health Office before the first day of school. **Class:** _____

Student's Name _____ Date of Birth _____ Age _____ Sex: Male/Female

Address _____ Home Phone () _____

Father's Name _____ Cell Phone _____

Home Address _____ Home Phone _____

Place of Employment _____ Work Phone _____

Address _____

Mother's Name _____ Cell Phone _____

Home Address _____ Home Phone _____

Place of Employment _____ Work Phone _____

Address _____

If my child has to be taken home because of a minor illness and I cannot be reached, please call:

(Name) (Address) (Relationship) (Phone)

(Name) (Address) (Relationship) (Phone)

In an EMERGENCY when you cannot reach either parent, I authorize the school to call:

(Physician's Name) (Address) (Phone)

(Dentist's Name) (Address) (Phone)

Health Survey:

1. Has the student had any immunizations, including tetanus injection, since September 1st, last year? _____
Please specify: _____
2. Has the student had any illnesses, serious injuries, operations, or other communicable diseases since September 1st, last year?
Please specify dates: _____
3. Are there any conditions such as heart disease, epilepsy, diabetes, liver or kidney disease, or other known handicaps of which the school should be aware in order to plan an appropriate program? _____
Please specify: _____
4. Does the student have any allergies? _____ Please specify: _____
5. Date of last dental exam: _____, ear exam: _____ eye exam: _____
6. Current medications and dosages: _____

Additional Comment: _____

Date: _____ Parent's Signature: _____