



MEDICAL EMERGENCY AUTHORIZATION

K - 12

HEBREW ACADEMY OF CLEVELAND
1860 South Taylor Road, Cleveland Heights, Ohio 44118
Tel: (216) 321-5838 Fax: (216) 932-4597

School Year: _____

Child(ren)'s Name: _____

1. Parent's or Guardian's Name : _____

2. Home Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

3. Father's Name: _____ Cell Phone: _____ Pager: _____ E-mail: _____
Business: _____ Business Address: _____ Business Phone: _____

4. Mother's Name: _____ Cell Phone: _____ Pager: _____ E-mail: _____
Business: _____ Business Address: _____ Business Phone: _____

5. List two local people who can be contacted in an emergency (if a parent cannot be reached).

Name: _____ Phone: _____ Cell/Pager: _____
Name: _____ Phone: _____ Cell/Pager: _____

6. Physician: _____ Address: _____ Phone: _____
Dentist: _____ Address: _____ Phone: _____
Preferred Hospital for Emergency Care: _____

7. PLEASE CHECK THE APPROPRIATE BOXES:

Unless I notify you to the contrary, I hereby give permission for my child to participate in all field trips sponsored by Hebrew Academy during the school year. When possible a letter will be sent in advance of each trip.

I hereby authorize the supervisory staff of Hebrew Academy for any treatment deemed necessary by above mentioned physician/dentist or in the event the designated preferred practitioner is not available, by another licensed physician/dentist, and the transfer of the child to above named hospital or any hospital reasonably accessible. **This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.**

I do not give consent for emergency treatment of my child, in the event of illness or injury requiring emergency treatment, I wish the supervisory staff to take no action or to (specify action): _____

All of the above information has been reviewed by me.

Signature of Parent or Guardian Date

Please complete items 1 -7, sign this form and return to the Registrar's office. Thank you.

Office Use: _____

Account No: _____