

**CONGREGATION NISHMAT AM**  
**Medical Information and Release Form**  
**Religious School 2019-2020**

Parent/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #s: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Children's Names	List all known medical conditions, including Food Allergies and/or Drug Allergies. In addition, include any and all over-the-counter and/or prescription drugs taken regularly.

**Emergency and contact information. In case of emergency, contact**

1. \_\_\_\_\_ Tel: \_\_\_\_\_ 1. \_\_\_\_\_ Tel: \_\_\_\_\_

2. \_\_\_\_\_ Tel: \_\_\_\_\_ 2. \_\_\_\_\_ Tel: \_\_\_\_\_

**Name of Physician** \_\_\_\_\_ **Physician's phone #** \_\_\_\_\_

**Medical Release**

In the case of a medical emergency, every attempt will be made to reach the child's parents or guardian. In the event a parent or guardian cannot be contacted, I/We hereby give permission for the above named child to be given emergency care as administered or authorized or directed by an adult person acting on behalf of Congregation Nishmat Am Religious School.

Such care may include x-ray examination, rendered to said minor under the supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medicine Practice Act; and x-ray examination, anesthetic, dental or surgical diagnosis or treatment or hospital care to be rendered to said minor by dentist licensed under the Dental Practice Act, all pursuant to the Civil Code Section 25.8.

I/We will assume financial responsibility for any and all treatment rendered under these circumstances.

Parents and/or guardians agree to indemnify and to hold Congregation Nishmat Am harmless from any and all claims for medical expenses or treatment arising from attendance at the Congregation Nishmat Am Religious School or activities.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_