



Emergency Contact

In case of medical or other emergency requiring immediate attention during school hours, I authorize the school to contact according to the priority list below:

	<u>Name</u>	<u>Relationship to student</u>	<u>Phone</u>
# 1	<u>Parent's Business</u>	<u></u>	<u></u>
# 2	<u></u>	<u></u>	<u></u>
# 3	<u></u>	<u></u>	<u></u>
# 4	<u></u>	<u></u>	<u></u>

Emergency Medical Release Form

In the event that I am unable to be reached during an emergency, I hereby authorize the **Ma'or Yeshiva High School** for Boys and/or its representative to secure any necessary and proper treatment, including hospitalization, injection, anesthesia or surgery, as has been deemed necessary for my son.

Student's Name _____ Grade _____
Parent's Name _____
Parent's Signature _____ Date _____

Consent to Dispense Medication

Please check all that apply:

In the event that I am unable to be reached, I hereby authorize the **Ma'or Yeshiva High School** for Boys and/or its representative to dispense, if needed, to me son over-the-counter non-prescription medications (such as aspirin, Benedryl, Tylenol, Pepto Bismol).

My son is allergic to _____ . **DO NOT DISPENSE.**
Other medications may be dispensed as necessary.

I hereby authorize the **Ma'or Yeshiva High School** for Boys and/or its representative to dispense prescribed medications that my son needs to take during the school day. Any such medication that I send for him will be kept in the school office and dispensed as directed.

I decline permission to dispense any non-prescription medications to my son.

Parent's Signature _____ Date _____