

**LUBAVITCH EDUCATIONAL CENTER
MEDICAL AUTHORIZATION FORM
2020 – 2021**

Before being allowed into class, the following form must be completed for each child.

- Lubavitch Educational Center cannot/will not provide medical services (except for emergency first aid) without completing the consent form below. Consent may be withdrawn at any time by the parent or designated guardian.

STUDENT EMERGENCY CONTACT and MEDICAL INFORMATION

Student Name: _____ Date of Birth: _____ Grade: _____

Home #: _____

Parent #1: Name: _____ Mobile #: _____ Work #: _____

Parent #2: Name: _____ Mobile #: _____ Work #: _____

Non-Parent Emergency Contact #1: _____ Mobile #: _____

Relationship to Student: _____

Non-Parent Emergency Contact #2: _____ Mobile #: _____

Relationship to Student: _____

Child's Physician: _____ Tel: _____

Please check off and explain any medical conditions your child may have, including allergies or asthma.

Allergies: _____

Asthma: _____

Other: _____

If a child requires prescription medication during school hours, the medication must be in its original container and delivered with the Doctor Authorization Form to the school office.

TEACHERS ARE NOT PERMITTED AT ANY TIME TO ACCEPT OR DISPENSE MEDICATION.

MEDICAL AUTHORIZATION FORM

In the event of a medical emergency and contact cannot be made with either of the child's parents or the emergency contacts listed above, we hereby give permission to Lubavitch Educational Center and/or its representative to accompany our child to the nearest medical facility for treatment. We hereby authorize your actions on our behalf and release Lubavitch Educational Center and its representatives from any liability.

Parent's Signature: _____ Date: _____
Mother

Parent's Signature: _____ Date: _____
Father