

**San Diego Hebrew Day  
Medical Information Authorization Form**

**Student Information**

Child's Name \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Weight \_\_\_\_\_ Blood Type \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Street City State Zip

**Family Information**

Father's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Sibling's Name and Age \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

**Health Insurance Information**

Company \_\_\_\_\_ Group Name and Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Information**

In case of emergency or your child becoming ill, in addition to the names listed above, please list the people the school should contact, in the order you would like them called, should we be unable to contact you. These people also have permission to check your child out of school in the case of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone #'s \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone #'s \_\_\_\_\_

Out of town relative who may be contacted in case of family separation:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone #'s \_\_\_\_\_

Other health information we should know about? \_\_\_\_\_  
\_\_\_\_\_

**Allergies**

My child does not have any known allergies  My child has the following allergies: \_\_\_\_\_  
\_\_\_\_\_

**Medication**

Please speak to your doctor to arrange medications to be taken before or after school. All medications that need to be taken at school require a note from the child's doctor with complete instructions. Medications must be brought to the school office and should not be in the possession of the child. A child may have an asthma inhaler provided a note is on file in the school office and the teacher is informed.

Please read carefully and check the appropriate statements.

My child **has** permission to take a non-aspirin substitute (Acetaminophen or Ibuprofen) dispensed by the school **without** first phoning his/her parent or guardian.

My child **has** permission to take a non-aspirin substitute (Acetaminophen or Ibuprofen) dispensed by the school **only** if a school representative phones his/her parent or guardian first. (I understand that if the school cannot reach a parent or guardian my child will **not** be given any medication.)

My child has permission to have **Benadryl, Diphenhydramine Hydrochloride** for an acute allergic reaction.

My child has permission to have an anti-bacterial ointment applied to a cut or scrap.

I give the representatives of the San Diego Hebrew Day my authorization to obtain emergency medical treatment for my child if they believe it is needed. I, the parent/guardian, have read the above information and declare it to be true and factual as of the following date:

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*