



CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby give authority to the Rosh Yeshiva or to the Administrator to obtain all necessary emergency medical treatment for my child, _____, with the understanding that the family will be notified as soon as possible.

Signature _____ Relationship _____

Date _____ Telephone Number _____

EMERGENCY CONTACT DETAILS: In case of emergency, please notify:

1. Outside of Israel

Last Name: _____ First Name: _____

Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

2. In Israel

Last Name: _____ First Name: _____

Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____