

# Margolin Hebrew Academy/Feinstone Yeshiva of the South Student Health Form - 2022-2023

IF YOU ARE ENROLLING ONLY ONE STUDENT, COMPLETE PG. 2 ONLY

NAME OF STUDENT: \_\_\_\_\_  
LAST FIRST MIDDLE D.O.B. GENDER

May take age appropriate dose of Acetaminophen or Ibuprofen  YES  NO

ALLERGIES: \_\_\_\_\_

DATE OF LAST TETANUS TOXOID BOOSTER: \_\_\_\_\_ ASTHMA:  YES  NO

MEDICATION, DOSAGE, & TIME TO BE ADMINISTERED TO STUDENT DAILY BY SCHOOL PERSONNEL:

MEDICATION: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_  
LAST FIRST MIDDLE D.O.B. GENDER

May take age appropriate dose of Acetaminophen or Ibuprofen  YES  NO

ALLERGIES: \_\_\_\_\_

DATE OF LAST TETANUS TOXOID BOOSTER: \_\_\_\_\_ ASTHMA:  YES  NO

MEDICATION, DOSAGE, & TIME TO BE ADMINISTERED TO STUDENT DAILY BY SCHOOL PERSONNEL:

MEDICATION: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_  
LAST FIRST MIDDLE D.O.B. GENDER

May take age appropriate dose of Acetaminophen or Ibuprofen  YES  NO

ALLERGIES: \_\_\_\_\_

DATE OF LAST TETANUS TOXOID BOOSTER: \_\_\_\_\_ ASTHMA:  YES  NO

MEDICATION, DOSAGE, & TIME TO BE ADMINISTERED TO STUDENT DAILY BY SCHOOL PERSONNEL:

MEDICATION: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_  
LAST FIRST MIDDLE D.O.B. GENDER

May take age appropriate dose of Acetaminophen or Ibuprofen  YES  NO

ALLERGIES: \_\_\_\_\_

DATE OF LAST TETANUS TOXOID BOOSTER: \_\_\_\_\_ ASTHMA:  YES  NO

MEDICATION, DOSAGE, & TIME TO BE ADMINISTERED TO STUDENT DAILY BY SCHOOL PERSONNEL:

MEDICATION: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_  
LAST FIRST MIDDLE D.O.B. GENDER

May take age appropriate dose of Acetaminophen or Ibuprofen  YES  NO

ALLERGIES: \_\_\_\_\_

DATE OF LAST TETANUS TOXOID BOOSTER: \_\_\_\_\_ ASTHMA:  YES  NO

MEDICATION, DOSAGE, & TIME TO BE ADMINISTERED TO STUDENT DAILY BY SCHOOL PERSONNEL:

MEDICATION: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ TIME: \_\_\_\_\_





MARGOLIN HEBREW ACADEMY/FEINSTONE YESHIVA OF THE SOUTH  
 390 S. WHITE STATION ROAD  
 MEMPHIS, TN 38117  
 901-682-2400 ERICA.STOLTZ@MHAFYOS.ORG

**2 0 2 2 - 2 0 2 3 P E R M I S S I O N F O R M**

STUDENT INFORMATION – PLEASE COMPLETE A SEPARATE PERMISSION FORM FOR EACH OF YOUR STUDENTS

Student's name \_\_\_\_\_ Entering grade \_\_\_\_\_

**Please indicate whether the above named student has permission for each of the following items.**

**I hereby give permission for this student to:**

Yes    No

- Participate in his/her class for school conducted field trips (You will be notified in advance by your child(ren)'s teacher of specific field trips – time and destination)
- Participate fully in gym class/school athletic teams  
*Restrictions (must be accompanied by doctor's note):* \_\_\_\_\_
- Ride in school vehicles or personal automobiles driven by an adult staff member of the MHA/FYOS or any other adult designated by the school.
- Be tested and/or taught by the school's special education teacher for remediation and placement.
- Participate in services provided by the school's social worker.
- Have their photograph, digital or video recording, likeness, or artwork used in future publications, or web pages. Circulation of the materials could be worldwide and that there will be no compensation to me or my child for the use.
- Receive the manufacturer's recommended dosage of Ibuprofen or Acetaminophen when he/she comes to the office with a minor ailment and requests medication. I am aware that I will be called prior to the administration of this medication to avoid overmedication. My signature below also indicates that I am not aware of any allergies that would preclude my child's receiving such medication.

**Exceptions to the above:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please submit a copy of your child(ren)'s COVID-19 vaccination cards to [brandy.flack@mhafyos.org](mailto:brandy.flack@mhafyos.org).**

Parent or Guardian Sign Here \_\_\_\_\_ Date \_\_\_\_\_

Please print off and return to the MHA Office or scan and email to [erica.stoltz@mhafyos.org](mailto:erica.stoltz@mhafyos.org).