Margolin Hebrew Academy/Feinstone Yeshiva of the Sout IF YOU ARE ENROLLING ONLY ONE STUDENT, COMPLET		n Form - 2022-2023	
	E PG. Z UNLY		
NAME OF STUDENT:	MIDDLE	DO.B. GE	ENDER
May take age appropriate dose of Acetaminophen or Ibuprofen YES NO			
ALLERGIES:			
DATE OF LAST TETANUS TOXOID BOOSTER:	ASTHMA: YES	NO NO	
MEDICATION, DOSAGE, & TIME TO BE ADMINISTERED TO STUDENT DAILY BY SCHOOL	PERSONNEL:		
MEDICATION:			
DOSAGE:TIME:			
NAME OF STUDENT:	MIDDLE	DO.B. GE	ENDER
May take age appropriate dose of Acetaminophen or Ibuprofen YES NO	MIDDLE	DO.B. GE	NDEK
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.			
	MIDDLE	DO.B. GE	ENDER
May take age appropriate dose of Acetaminophen or Ibuprofen YES NO			
ALLERGIES:			
DATE OF LAST TETANUS TOXOID BOOSTER:		NO NO	
MEDICATION, DOSAGE, & TIME TO BE ADMINISTERED TO STUDENT DAILY BY SCHOOL	PERSONNEL:		
MEDICATION:			
DOSAGE:TIME:			
NAME OF STUDENT:	MIDDLE		
May take age appropriate dose of Acetaminophen or Ibuprofen \square YES \square NO	MIDDLE	DO.B. GE	ENDER
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:			
	MIDDLE	DO.B. GE	ENDER
May take age appropriate dose of Acetaminophen or Ibuprofen			
DATE OF LAST TETANUS TOXOID BOOSTER:		□ ^{NO}	
MEDICATION, DOSAGE, & TIME TO BE ADMINISTERED TO STUDENT DAILY BY SCHOOL	PERSONNEL:		
MEDICATION:			
DOSAGE:TIME:			

Margolin Hebrew Academy/Feinstone Yeshiva of	the South Student Health Form - 2022-2023
NAME OF STUDENT:	
LAST FIRST May take age appropriate dose of Acetaminophen or Ibuprofen	MIDDLE DO.B. GENDER
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:
FATHER'S NAME:	MOTHER'S NAME:
HOME ADDRESS:	HOME ADDRESS:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
FATHER'S CELL/PAGER: ()	MOTHER'S CELL/PAGER: ()
BUSINESS ADDRESS:	BUSINESS ADDRESS:
()	()
CITY: ST: PHONE:	CITY: ST: PHONE:
IF UNABLE TO REACH PARENTS OR IN THE CASE OF AN EMERGENCY, PL	EASE CALL AND/OR RELEASE MY CHILD (REN) TO:
#1 ADULT: P	HONE () RELATIONSHIP:
#2 ADULT: P	HONE () RELATIONSHIP:
#3 ADULT: P.	HONE () RELATIONSHIP:
#4 ADULT: P.	HONE () RELATIONSHIP:
DOCTOR: HOSPITAL:	PHONE: ()
INS. PROVIDER: POLICY	#: GROUP #:

STUDENTS FROM OUTSIDE MEMPHIS MUST HAVE A CURRENT INSURANCE CARD IN THEIR POSSESSION AND A COPY OF THEIR INSURANCE CARD MUST BE SUBMITTED TO THE FRONT OFFICE.

AUTHORIZATION TO TREAT MINORS

I (we), the undersigned parent(s) or legal guardian(s) of the minor student(s) listed on this form do hereby authorize and consent for any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general of special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentists licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Tennessee Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to tender care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that efforts shall be made to contact the undersigned cannot be reached. This authorization is given pursuant to the provision of the Civil Code of the State of Tennessee. The signing of this release gives Margolin Hebrew Academy/Feinstone Yeshiva of the South and agents thereof, the right to consent for treatment of minors. It does not release signee of liability from medical cost arising from said treatment. Margolin Hebrew Academy/Feinstone Yeshiva of the South does not assume liability of said cost and is not liable for any complications arising from said treatment. This consent shall remain effective for the student's period of enrollment.

for this student to: n his/her class for school conducted field trips (You will be notified in advance by your teacher of specific field trips – time and destination) ully in gym class/school athletic teams <i>(must be accompanied by doctor's note):</i>
teacher of specific field trips – time and destination) ully in gym class/school athletic teams
teacher of specific field trips – time and destination) ully in gym class/school athletic teams
ool vehicles or personal automobiles driven by an adult staff member of the MHA/FYOS or any designated by the school.
nd/or taught by the school's special education teacher for remediation and placement.
n services provided by the school's social worker.
hotograph, digital or video recording, likeness, or artwork used in future publications, or web ulation of the materials could be worldwide and that there will be no compensation to me or my use.
manufacturer's recommended dosage of Ibuprofen or Acetaminophen when he/she comes to th a minor ailment and requests medication. I am aware that I will be called prior to the on of this medication to avoid overmedication. My signature below also indicates that I am not y allergies that would preclude my child's receiving such medication.
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