Margolin Hebrew Academy/Feinstone Yeshiva of the South Student Health Form - 2023-2024

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

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

MEDICATION:_____

DOSAGE:_____TIME: _____

FATHER'S NAME:	MOTHER'S NAME:
HOME ADDRESS: CITY: STATE: ZIP:	HOME ADDRESS: 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, PLEASE CALL AND/OR RELEASE MY CHILD (REN) TO:

#1 ADULT:	PHONE ( )	RELATIONSHIP:
#2 ADULT:	PHONE ( )	RELATIONSHIP:
#3 ADULT:	PHONE ( )	RELATIONSHIP:
#4 ADULT:	PHONE ( )	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 prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if 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.

_____ _____ _____ _____

Father or Legal Guardian Sign Here **Date** **Mother or Legal Guardian Sign Here** **Date**

בס"ד

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

2023 - 2024 PERMISSION FORM

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.

Parent or Guardian Sign Here _____ Date _____

Please print off and return to the MHA Office or email to erica.stoltz@mhafyos.org.