

If you are registering online, please send this medical form in with your signature
551 Fort Washington Ave. NYC NY 10033 or loren.ht23@gmail.com

Hebrew Tabernacle Hebrew School

Medical Release Form

In case of emergency, I grant consent to: Hebrew Tabernacle staff and/or Hebrew Tabernacle authorized representative(s) to authorize medical care for my minor child:

Student Information

First Name _____ Last Name _____ D.O.B ____/____/____

Parent/ Guardian's Signature _____

Print Name _____

Phone _____

Date _____

Medical Information

Doctor's name _____

Address _____

Phone () _____

Medical plan/ insurance company name _____

ID # _____

Phone number _____

Medications the student is taking: _____

Allergies to medication:

Food allergies:

Other Medical Information: