

Student Health Form

1. HEALTH CARE AUTHORIZATION STATEMENT

I hereby give permission to Cheder OYYL, which is licensed by the State of Michigan, to provide routine, nonsurgical medical care, and to secure emergency medical and surgical treatment for:

_____ (print student name)

Signature of parent

Date

2. PERSON TO BE NOTIFIED IN AN EMERGENCY IF PARENT IS NOT AVAILABLE

Name _____

Relationship to student _____

Phone Number _____

3. HEALTH INSURANCE INFORMATION

Insurance company name _____

Insurance policy number _____

Name of student’s physician _____

Phone Number _____

Every parent is responsible for their child’s medical bills. Yeshiva does not have medical insurance. In the event that medical care must be provided either through the yeshiva or a doctor’s office, or hospital the parent remains responsible for all medical bills.

No student will be admitted without proof of adequate insurance

Please place a copy of medical cards below: