



# FOXMAN TORAH INSTITUTE

מתיבתא בית דוד

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*The Joy of Torah - For Life*

## EMERGENCY INFORMATION FORM 2021-2022 School Year

Family Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

*Please attach copy of student health insurance card (both sides of card please).*

STUDENT NAME	DATE OF BIRTH	ALLERGY TO DRUGS/FOOD	MEDICAL PROBLEMS, PAST OR CURRENT	NAMES OF CURRENT MEDICATIONS

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_

Best E-mail (most frequently checked) \_\_\_\_\_

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_

Best E-mail (most frequently checked) \_\_\_\_\_

Physician's Name(s) \_\_\_\_\_ Telephone \_\_\_\_\_

Relative, (not parent), friend, or neighbor who may be contacted if parent cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**ROUTINE CARE:** I hereby give permission to Delaware Valley Torah Institute (DVTI) dba Foxman Torah Institute (FTI) to administer first-aid care in emergency situations and to give my child(ren) Tylenol (acetaminophen), Ibuprofen, over-the-counter allergy medicine, and/or any other common household remedies when necessary.

**EMERGENCY CARE:** I (parent or guardian), the undersigned, do hereby authorize Delaware Valley Torah Institute (DVTI) dba Foxman Torah Institute (FTI) as our general agent for any emergency care for the above-referenced minor, deemed advisable, and to be rendered through, general or specific supervision of any licensed physician or surgeon. It is understood that this authorization is given in advance of any specific need for treatment and is given to provide the authority to the aforesaid agent to give specific consent to any and all emergency treatment or hospital care which the physician, in the exercise of his best judgment, may deem advisable.

Signature of Parent

Date