## 2014-2015 She'arim/Gateways Emergency Medication Authorization



	Parent(s) Name(s):		
	Telephone:	(home)	(home)
		(cell)	(cell)
Name of workplace:  If I cannot be reached, one of the following individuals should be contacted in the order listed:  1) Name: Phone: Relationship:  2) Name: Phone: Relationship:  Child(ren)'s Physician: Phone:  My child(ren) has/have the following allergies, food restrictions, or other health needs or conditions require special care (continue on back if necessary):  I represent that I am the parent/legal guardian of the above-named child(ren).  If you cannot reach me or the individuals listed above, I authorize representatives of Mishkan Ha'an act on my behalf to secure emergency medical treatment for my child(ren), and to arrange for emerg transportation to the nearest medical facility.  Name of Parent/Legal Guardian:		(business)	(business
If I cannot be reached, one of the following individuals should be contacted in the order listed:  1) Name: Phone: Relationship:  2) Name: Phone: Relationship:  Child(ren)'s Physician: Phone:  My child(ren) has/have the following allergies, food restrictions, or other health needs or conditions require special care (continue on back if necessary):  I represent that I am the parent/legal guardian of the above-named child(ren).  If you cannot reach me or the individuals listed above, I authorize representatives of Mishkan Ha'an act on my behalf to secure emergency medical treatment for my child(ren), and to arrange for emergency management of the nearest medical facility.  Name of Parent/Legal Guardian:		(email)	(email)
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Address:	Child(ren)'s Physician: My child(ren) has/have the require special care (conting a special care)  I represent that I am the pure properties of the near of the near of the parent/Legal Guaransportation to the near of t	Phone:	ed child(ren).

www.mishkanhaam.org 914-478-4996 mishkanhaam@gmail.com