

Lubavitch Mesivta of Chicago

2018-19 School Year – Medical Consent and Release Form

Student's Name: _____ Birthdate: _____

Address: _____

Consent is hereby given by the parents/guardians of the student named above to the Lubavitch Mesivta of Chicago; Rabbonim, employees, dorm counselors and all other persons acting for and, on its behalf, to do whatever is deemed necessary within their sole discretion to remove or arrange the removal of said student to any hospital, first-aid or emergency station in the event of injury or illness without any obligation or liability in doing so. I, the parent/guardian, hereby give permission to the physician selected by Lubavitch Mesivta to hospitalize secure proper treatment for and order injection, anesthesia or surgery for my son. **Information on health form may be shared with appropriate personnel for health and educational purposes only.** All costs or expenses incurred shall be reimbursed by the undersigned parent/guardian.

The undersigned parent/guardian does hereby waive any claim or right to claim any damages for any act or acts of the Lubavitch Mesivta of Chicago; Rabbonim, dorm counselors, employees and all the persons acting for and on its behalf with reference to the matters herein set forth.

Sports: I, the parent/guardian, give permission for my son to participate in all physical activities, such as swimming, gym, and recreational sports.

Transportation: I, the parent/guardian, allow my son to ride in Mesivta vehicles and subcontracted charter buses to NY and local trips.

Please describe any medical condition(s) that your son has, that we need to be aware of, including allergies and/or any medication that the student takes on a regular basis. Please state none if he does not have allergies or medication. **This is very important since this form goes with your son to the doctor.**

Emergency Contact Information:

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Date: _____ Phone: _____

Additional contact information: _____

*****Please send a photocopy of the front and back of your private insurance card, along with a signed copy of this form***** If you do not have private medical insurance that covers your son out of state, please contact Noach Heiman at 718-387-2114 or tovtravelnh@gmail.com to purchase travel insurance. Travel insurance expires each time your son leaves Mesivta. You must purchase again before he returns to Mesivta. **Medicaid insurance** will only cover ER visits, not clinic/doctor visits.