

# T.O.B.C. Hebrew School

## *Authorization for Emergency Medical-Surgical Treatment*

**Note:** It is the firm hope that the authorization granted on this form will never have to be used. However, for the safety of your child, sound medical practice calls for such authorization. In emergency situations wherein, for some reason the parent can not be contacted immediately this form may be extremely important. Doctors and hospitals refuse to give any treatment, regardless of how minor, unless they have a notarized authorization from a parent.

THE AUTHORIZATION GRANTED BY THIS FORM MAY BE USED ONLY WHEN NECESSARY AND ONLY AFTER EVERY REASONABLE ATTEMPT HAS BEEN MADE TO CONTACT A PARENT OR GUARDIAN.

I hereby give my permission to the staff of North Nassau Hebrew Academy/Chabad to do the following for my son/daughter:

- 1) Provide appropriate first aid care.
- 2) Provide transportation to physician, dentist, or hospital by private car or ambulance.

I understand that in the event I cannot be reached, I hereby consent to and authorize the physician or hospital selected by Chabad Hebrew school/Chabad administration to hospitalize, secure proper treatment for, to order injection, anesthesia, surgery, and any preliminary, further or additional treatments, procedures, tests, etc., that may be in the judgment of the doctor and/or hospital advisable or necessary at the time, for my child, as named below.

Dated: Woodbury, New York

\_\_\_\_\_

\_\_\_\_\_ Child's Name

I consent to the above for all years that my child will be enrolled in Chabad Hebrew School:

\_\_\_\_\_  
Signature of Parent/Guardian Relationship

State of New York    )  
                                  ) ss.:  
County of Nassau    )

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally came \_\_\_\_\_, to me known to be the individual described in and who executed the foregoing document and acknowledged that he/she executed the same.

\_\_\_\_\_  
Notary Public