



Texas Torah Institute ▪ 6506 Frankford Road ▪ Dallas, TX 75252
Phone: (972) 250-4888 ▪ Fax: (972) 250-4889 ▪ Email: info@texastorah.org

Medical Information

A separate form must be filled out for each student

Required EVERY school term: copies of the front and back of the insurance card, medical records, and immunization record of the student.

Student's Name: _____ D.O.B. _____

ER Contact Name/Relationship/Contact No. _____

Insurance Company Name _____ Policy # _____ Group # _____

Policy Holder's Name _____ Policy Holder's Employer _____

Policy Holder's D.O.B. _____ Policy Holder's SS # _____ Relationship to Student _____

Authorization to Consent to Medical Treatment/Release of records: I give permission to release my child's/children's medical records to Texas Torah Institute's physician on-call for dormitory students. In the event my child becomes ill or injured at school or in a school related event and I or our emergency contact cannot be reached, Texas Torah Institute, its representatives and/or assigns is authorized to take my child to Doctor of the choosing of Texas Torah Institute or take my child to a hospital and give consent for emergency care.

Authorization to Participate in Physical Education and School Trips: I give my consent for my child to participate in extra-curricular activities and school trips with transportation being provided by staff, authorized students, parents, paid carrier or other representatives of the school. I understand that by participating in physical education at Texas Torah Institute or school trips, my child will be exposed to the risk of serious injury, including, but not limited to injuries such as sprains, fractures and injuries that could result in brain damage, paralysis or even death. I understand that Texas Torah Institute does not assume any responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities and to make such trips, I hereby waive all claims, and I release, indemnify, defend and hold harmless Texas Torah Institute, Board of Directors, Headmaster, Academic Dean, faculty, agents, employees and invitees together with other persons, including parents of students of Texas Torah Institute assisting with any phase of such activities and trips(excluding paid certified carriers), from any and all liability claims, suits, demands or causes of action, including all expenses of litigation and/or settlement, which may arise in connection with such activities and trips, including any accident or injury suffered by my child while involved in such activities and trips.

Authorization of Passenger Permission for Student riding in Vehicles: I give my consent for my child to be a passenger in a vehicle with approval of the driver from school administration.

Authorization of Administration of Medication at School: I give my consent for my child to be administered the following non-prescription and prescription medication(s) by the Texas Torah Institute designee.

Non-prescription Medications:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Acetaminophen(Tylenol) | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Ibuprofen(Advil) | <input type="checkbox"/> Maalox |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Sudafed |

Prescription Medication(s) sent by parents: _____

Other medication(s) which may be required by the child while at Texas Torah Institute must be supplied by the parent(s) and brought to the school in the original container and properly labeled with the name of the child and identification of the medication(s), the dosage, and the time to be administered by the Texas Torah Institute designee.

Special Medical Instructions or Allergies _____

All parents/guardians who are responsible for the student above must sign this agreement.

Name _____

Name _____

Signature _____

Signature _____

Date _____

Date _____