

# CONSENT FOR EMERGENCY MEDICAL TREATMENT

*I do hereby give authority to the administrators of Midreshet Tehillah to obtain all necessary emergency medical treatment for my child, (name) \_\_\_\_\_, with the understanding that I will be notified as soon as possible.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Relationship Signature Date*

*Telephone Number* \_\_\_\_\_

*IMPORTANT: In case of emergency, please notify:*

## 1. Outside of Israel

*Last Name:* \_\_\_\_\_ *First Name:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

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

*Home Phone:* \_\_\_\_\_ *Cell Phone:* \_\_\_\_\_

## 2. In Israel

*Last Name:* \_\_\_\_\_ *First Name:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

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

*Home Phone:* \_\_\_\_\_ *Cell Phone:* \_\_\_\_\_