

Torah Center MEDICAL INFORMATION FORM 2019-2020 (5780)

Please fill out a separate form for each child. ALL INFORMATION IS CONFIDENTIAL.

Child's Name: _____ DOB: _____ Grade: _____

This child is current with all required immunizations in accordance with the requirements of 28 PA Code Ch.23 (School Immunizations). _____ Yes _____ No

If no, please provide reason and a copy of your medical, religious/philosophical waiver or medical certificate.

Please describe any medical issues that will affect child's time in Torah Center.

Please list any and all allergies:

Has your child been prescribed epinephrine or an Epi-Pen? _____ Yes _____ No

If yes, please provide the Torah Center Office with an Epi-Pen and an allergy action plan.

Please describe this child's learning interests and strengths:

Please describe any special learning needs or educational settings in which this child learns best:

Does this child have an IEP or 504? _____ Yes _____ No

If yes, would you be willing to share it with us? _____ Yes _____ No

Please provide any additional information that can help us meet this child's needs:

Is it ok to share the above information with your child's teachers? _____ Yes _____ No

Medical Release

_____ By initialing here, I consent that if I cannot be reached in the event of an emergency, I give permission to the physician selected by our Torah Center staff to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child.

IF YOU HAVE INDICATED THAT THIS CHILD HAS A SERIOUS MEDICAL CONDITION, PLEASE MAKE CERTAIN THAT EMERGENCY MEDICINE IS LEFT IN THE TORAH CENTER OFFICE WITH PRECISE INSTRUCTIONS SIGNED BY YOU.

Physician's Name: _____

Physician's Phone Number: _____

Parent or Guardian signature: _____ **Date:** _____