



# MESIVTA OF GREATER LOS ANGELES

## Medical / Emergency and Trip Form 2017-2018

**Registration is not complete without this form - Please include a photocopy of your insurance card.**

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail \_\_\_\_\_ Alt. E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell# \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell# \_\_\_\_\_ Work # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Please list in order of priority persons to be contacted in the event of emergency. If possible, please include one out of state contact.

1) \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Daytime Phone(s) \_\_\_\_\_

2) \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Daytime Phone(s) \_\_\_\_\_

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**I hereby grant permission for my son to participate in all field trips and activities (including optional boating during the Lag Ba'Omer outing), on or off Mesivta's campus, and to leave Mesivta's campus under adult supervision.**

In the event that the school cannot reach me, I give permission for the above named student to receive medical care by any paramedic, doctor, dentist, nurse or member of a medical staff of any licensed hospital. I will personally be responsible for any and all necessary and reasonable expenses and charges incurred.

\_\_\_\_\_  
Parent/Guardian Printed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Medical Insurance Information:**

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_

Address \_\_\_\_\_

Carrier \_\_\_\_\_

Policy Holder's Name and Relationship \_\_\_\_\_

Group name and Number \_\_\_\_\_

Identification Number \_\_\_\_\_

Major Medical Insurance Carrier and Identification Information if different from above:

\_\_\_\_\_

**Please include a photocopy of your Medical Insurance Card**

**(both front and back)**