MESIVTA OF GREATER LOS ANGELES

Medical / Emergency and Trip Form 2026-2027

Registration is *not* complete without this form – PLEASE PRINT LEGIBLY

Father's Name _____ Cell# _____ Work #_____

Mother's Name _____ Cell# _____ Work #_____

Family Name _____ Address _____

Home Phone # _____ Fax #_____

Student's Name	Grade
_____	_____
_____	_____
_____	_____

Please note which E-mail is primary for school use Fathers E-mail _____ Mothers E-mail _____

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) _____

Please list any health information about that we should be aware of. Please include allergies to foods and/or medications.

_____

Medical Insurance Information:

Insurance Carrier _____ Policy Holder's Name and Relationship _____

Group name and Number_____ Identification Number _____

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

_____

<u>Include photocopy of your insurance card below</u> - FRONT <u>and</u> BACK

Front of Insurance Card	Back of Insurance Card

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.

If 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 Medical Facility. I will personally be responsible for all necessary and reasonable expenses and charges incurred.

_____	_____	_____
Parent/Guardian Printed	Parent/Guardian Signature	Date