

JEWISH HIGH SCHOOL OF CONNECTICUT  
EMERGENCY AND MEDICAL INFORMATION/AUTHORIZATION FOR  
MEDICAL TREATMENT OF A STUDENT

**Student Name (Please print):** \_\_\_\_\_

Please list the names and telephone numbers of two emergency contacts for your student:

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

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

**Please provide the name and policy number for your child's primary insurance carrier:**

\_\_\_\_\_

Please note any important medical or allergy information, including any limitation to or on medical treatment rendered to Student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is understood that in all matters relating to the operation of the school, including events sponsored by the high school, the Jewish High School of Connecticut (JHSC) through its agents and employees stands in loco parentis to the student. In the event of accident or emergency, when a parent/guardian is unavailable, a representative of JHSC is hereby authorized to make such arrangements as he/she considers necessary for the Student to receive medical/hospital care, including necessary transportation. The Student and the parent(s) or guardian(s) consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I hereby release the Jewish High School of Connecticut and its employees, agents, officers and directors from any and all claims, demands, causes or action, obligations, injuries, damages, losses and liabilities which result from, arise out of or in connection with, or are related to the foregoing.

Parent/Guardian Signature \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_