

**TEMPLE ANSHE SHOLOM RELIGIOUS SCHOOL
MEDICAL INFORMATION FORM**

Student Name: _____



Medical, Dietary and Emergency Information

Student's Doctor: _____

Doctor's Phone No. _____

Health Card No. _____

Medical Concerns / Restrictions: _____

Dietary Concerns / Restrictions: _____

1. Emergency Contact & Phone No. _____

2. Emergency Contact & Phone No. _____

3. Please list other adults to whom your child can be released:

In case of an emergency, I authorize a Member of Temple Anshe Sholom Religious School staff to take my child(ren) to McMaster University Hospital for emergency treatment only.

Parent's Signature _____