

THE ABRAHAM JOSHUA SCHOOL MEDICAL CERTIFICATE FOR
INTERSCHOLASTIC COMPETITION

*Students may participate on a team only after the physical education/athletic department has received this completed form.

Date: _____

I hereby give permission for my child to participate in interscholastic competition, including traveling to other sites as arranged by the School. If my child requires medical attention and I can not be reached I hereby authorize representatives of the Abraham Joshua Heschel School to act on my behalf to provide and arrange emergency medical treatment, until such time as I am able.

Any qualified medical personnel are hereby notified that this authorization is currently in effect and such personnel are directed to act upon such authorization without delay. I understand that every effort will be made to contact parents, the child's physician and/or the emergency number given by me on this form. I hereby release the Abraham Joshua Heschel School, their employees, agents, and participating organizations their employees, agents, and representatives from any and all legality.

*Please Print All

Name of Student _____ Team _____

Grade _____ Birth Date _____ Home Phone _____

Mother's Cell _____ Father's Cell _____

Mother's Work Phone _____

Father's Work Phone _____

Person to notify if unable to reach parents:

Name _____ Phone _____

Physician _____ Phone _____

*Health Insurance Name _____

*Health Insurance ID # _____

Hospital of choice (name & address) _____

Permission to take student to alternate hospital if necessary: Yes _____ No _____

Signature of parent or guardian _____