

Dear Parents:

Due to requests from our local hospital, we are asking parents of dormitory students at Yeshivas Chofetz Chaim-Talmudical Academy to sign the following consent form. Its purpose is to prevent unnecessary delays with administering proper medical attention in the event, G-d forbid, of illness or accident. No major operation will be performed, except in an emergency situation, without parents being contacted and fully informed of the situation at hand.

Please sign and return by fax – 443-725-2059 or email sstern@talmudicalacademy.org as soon as possible. Thank you.

Please list any known allergies and reactions to medications that the attending physician should be made aware of:

PARENTAL PERMIT

I give permission for such diagnostic therapeutic and operative procedures that may be deemed necessary for my son.

Date _____ Name of Student _____

Signature of Parent or Guardian _____