



**5781 (2020-2021)**

**Religious School/Judaica High Registration**

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Religious School begins Sept. 13th and Judaica High begins Sept. 14th

**Both Sides of this form must be completed and signed before your child can attend Religious School**

Medical Emergency Contacts (if Parents cannot be Reached)			
Name	Relationship	Cell Phone	Other Phone
Child Name:		Allergies:	
Child Name:		Allergies:	
Child Name:		Allergies:	
Health Coverage Information			
Physician Name		Physician Phone #	
Insurance Co. Name		Insurance Co. Phone #	
Group or Employer Name		Group Number	
Subscriber Name		Subscriber ID Number	

Emergency Medical Treatment Consent
<p>I/We, the parent(s)/legal guardian(s) of _____,  <small>(Print name(s) of child(ren))</small></p> <p>minor(s), do hereby authorize Congregation B'nai Emet, its agents, employees, teachers, members, directors and officers to act as my/our agent, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act, whether such examination, diagnosis or treatment rendered at the office of said physician, dentist or at such a hospital. This authorization shall also include the right of my/our agent to commit any of our insurance or other funds that may be required to carry out such medical/dental treatment.</p> <p>It is understood that this authorization and consent is given in advance of any specific examination, repetitive diagnosis, treatment, or hospital care being required. It is given to provide authority and power regardin the above to my/our agent to give specific consent to any and all such examinations, diagnoses, treatment or hospital care which the aforementioned physician or dentist, in the exercise of his/her best judgment may deem advisable. This authority is given pursuant to the provisions of section 6910 of the California Family Code.</p> <p>A copy of this Emergency Medical Treatment Consent shall have the same force and effect as the original.</p> <p>IN WITNESS WHEREOF, I/We have executed this Emergency Medical Treatment Consent at:</p> <p>_____, California, on _____, 20____</p> <p>_____ Parent or Legal Guardian</p> <p>_____ Parent or Legal Guardian</p>