

Permission to receive emergency care

I hereby grant permission to Lubavitch of Richmond Hill Hebrew school to take whatever steps are necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact parent.
2. Attempt to contact child's physician.
3. Attempt to contact emergency contact person.

If we cannot contact the above, we will do all or any of the following:

1. Call another physician.
2. Call an ambulance.
3. Have the child taken to the nearest emergency room at a hospital by a staff member.

Any expenses incurred under the circumstances will be borne by the child's family.

Lubavitch of Richmond Hill Hebrew school will not be responsible for any incident that may occur as a result of false information given at the time of enrolment. I hereby allow Chabad Lubavitch to take my child off school grounds for all trips, outings, and walks.

Parent's signature: _____ Date: _____