



**NEW ENGLAND
ACADEMY OF TORAH**

Authorization for Medical Treatment

To Whom It May Concern,

I, _____ currently residing at

parent of the minor: _____

who attends boarding school in Providence, RI, at the **New England Academy of Torah**, do hereby authorize either the Principal or Representatives of New England Academy of Torah to act on my behalf in cases of urgent medical need.

In case of accident or illness, I hereby authorize the principal of the New England Academy of Torah, or a school representative appointed by the principal, to call the physician indicated below and to follow his instructions. If the school is unable to reach the physician, the school may make whatever arrangements that they deem necessary in order to have emergency medical treatment administered by a qualified physician or hospital. If feasible, attempts will be made as soon as possible to contact me.

PLEASE NOTE: This document authorizes NEW ENGLAND ACADEMY OF TORAH, 450 Elm Grove Avenue, Providence, RI 02906, to have emergency medical treatment administered, if necessary, to the above student, by emergency personnel, a physician, and/or hospital.

The principal or school's representative are further authorized to be informed of all medical matters on behalf of the said minor's interest, while enrolled as a student at New England Academy of Torah.

Signature of Parent/Legal Guardian: _____ Date: _____

Relationship to Student: _____

Student Date of Birth: _____

Physicians' Name: _____

Office Phone: _____

Office Address: _____