

B”H

## Waiver of Medical Confidentiality

We, the undersigned parents / guardians of the student \_\_\_\_\_ hereby grant permission to provide all medical records in the student's health care to any doctor and/or nurse as seen fit by the staff of Beit Chana. We waive our rights to medical confidentiality according to the above and will not have any claim or bring any complaint or suit against Beit Chana or any of its staff in regards to the above.

The school is able, at its discretion, to send the above mentioned student for medical or psychological tests, and to proceed with medical or psychological treatments necessary to the student's physical and/or mental health, as prescribed by medical/psychological professionals. Any situation where the need for 'unusual' surgery, hospital admission or medical treatment arise, assent from parents/guardians will be requested, as long as the life of the student is not endangered by the above.

In any case of hospital admission, after the school staff has admitted the student, the family will have the responsibility to arrange details of the duration of the students hospital care.

**Please Circle:    Father /    Mother    /    Guardian**

**First Names:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Soc. Sec. # (or Teudat Zehut):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_