



Ottawa Torah Institute High School

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Medical History and Authorization

PLEASE PRINT CAREFULLY AND LEGIBLY

FOR ADMISSION IN SEPT. _____ ENTERING GRADE _____ DORMATORY Y N

NAME OF STUDENT:			DATE OF BIRTH (Y/M/D)
HOME ADDRESS	CITY	PROV./STATE	POSTAL CODE/ZIP
FATHER'S OR GUARDIAN'S NAME (FIRST AND LAST)	HOME PHONE	WORK PHONE	CELL PHONE
MOTHER'S OR GUARDIAN'S NAME (FIRST AND LAST)	HOME PHONE	WORK PHONE	CELL PHONE
INSURANCE PROVIDER	INSURANCE NUMBER	OHIP	
PRIMARY CARE PROVIDER NAME			PHONE
SPECIALIST'S NAME			PHONE
PLEASE LIST ANY EXISTING MEDICAL CONDITIONS			
PLEASE LIST ANY MEDICAL CONDITIONS FROM THE LAST THREE YEARS			
PLEASE LIST ANY MEDICATION THAT YOU CHILD IS CURRENTLY TAKING			
MEDICATION	REASON	DAILY SCHEDULE/DOSAGE	SELF-ADMINISTERING? Y OR N
PLEASE DESCRIBE ANY OTHER HEALTH CONCERNS OR ISSUES THAT YOU FEEL THE YESHIVA SHOULD BE AWARE OF: PHOBIAS, SEVERE SHYNESS, ETC.			

I HEREBY AUTHORIZE THE FOLLOWING TO OBTAIN THE SERVICES OF A PHYSICIAN AND/OR EMERGENCY ROOM CARE FOR MY SON IN CASE OF ILLNESS OR ACCIDENT:
RABBI YAAKOV MOSHE HARRIS
RABBI DOVID MANDEL
 AND CERTIFY THAT THE INFORMATION GIVEN IN THIS FORM IS COMPLETE AND ACCURATE.

PARENT'S NAME	SIGNATURE OF PARENT	DATE
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****OUT OF COUNTRY COVERAGE FOR NON-CANADIAN STUDENTS**

If your son is not covered for out of country medical expenses with your regular insurance carrier, you must purchase additional insurance in order for him to be covered in the event of an emergency while he is in Canada. This insurance can not be used to pay the bill, but will ensure you are reimbursed for medical expenses.