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## MEDICAL FORM TO BE COMPLETED BY PARENT/STUDENT

This information will be kept strictly confidential.

### Personal Information

Name of Student: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Parents' Marital Status: Married  Divorced  Separated  Widowed

Student's Home Address: \_\_\_\_\_  
Street Address Unit/Apt #

City Province/ State Postal/Zip

Mom Home Phone #: \_\_\_\_\_ Dad Home Phone#: \_\_\_\_\_

Mom Cell Phone #: \_\_\_\_\_ Dad Cell Phone#: \_\_\_\_\_

Mom E-mail: \_\_\_\_\_ Dad E-mail: \_\_\_\_\_

### Emergency Contact Information

PERSON IN ISRAEL TO NOTIFY IN CASE OF EMERGENCY: (if applicable)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Insurance and Coverage

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

## Allergies / Dietary Needs

Are you allergic to any medications?  NO  YES

If yes, which medication(s)? \_\_\_\_\_

List any other allergies: \_\_\_\_\_

Are you a vegetarian, vegan or do you have any special dietary requirements? \_\_\_\_\_

\_\_\_\_\_

## Medical History

Have you ever been hospitalized?  NO  YES

Details & dates: \_\_\_\_\_

Have you or any member of your family ever suffered from tuberculosis, epilepsy, emotional disturbances, heart diseases, asthma, diabetes, digestive tract diseases, or other diseases?

NO  YES

If yes, give details. Use a separate sheet if necessary.

Details: \_\_\_\_\_

\_\_\_\_\_

Have you ever received psychological counseling?

NO  YES

Details: \_\_\_\_\_

\_\_\_\_\_

Have you ever suffered from an eating disorder?

NO  YES

Detail: \_\_\_\_\_

\_\_\_\_\_

Please provide any additional information that you feel is relevant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To the best of my knowledge, all of the above information is both accurate and complete.

Parent/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_