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Assistant Regional Director

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Director, New Jersey JSU

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Program Coordinator

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Senior NCSY Officers

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President

MERAV BAYAR
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JASON GOLD

EVAN GORSKY

ANAT LITWOK

OREN RABINOWITZ

SCOTT SEARS

ZAHAVA SINGER

SRULI STEIN

JOSH WEIXELBAUM

TEMIMA WILDMAN

Junior NCSY Officers

JUDY BASCH

SHIFRA BERGER

AARON BUCHLER

SHMUEL KATZ

JOSH LANKIN

Youth Commission

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ARI FUCHS

HEATHER KAMINETSKY

MURRAY LEBEN

DEBORAH LEWITTER

ARI LEWITTER

BENJAMIN MANTELL

YIGAL MARCUS

JONATHAN MELL

ROY SPIEWAK

DIVSHA TOLLINSKY

MARTIN TOLLINSKY

CHAIM WIELGUS

RABBI STEVEN BURG

International Director

DAVID FRANKEL

Associate International Director

DAVID CUTLER

Director of Summer Programs

RABBI DAVID FELSENTHAL

Director of Alumni Relations, OU

STEPHEN J. SAVITSKY

President, Orthodox Union

RABBI TZVI HERSH WEINREB

Executive Vice President, OU

MARTIN NACHIMSON

Chairman, NCSY Youth Commission

*NCSY is the youth movement
of the Orthodox Union*



Dear Parent or Guardian,

It is the responsibility of the administration and staff of NCSY to provide for the safety of your child at NCSY programs. In the event of an emergency we require certain information in order to provide care for your child until you are contacted and available to make further decisions.

Please take the time to fill out this *Medical History & Treatment Consent Form* as fully and as legibly as possible. Should a medical emergency occur we will attempt to contact you as soon as possible so that you may make medical decisions for your child. However, until we are able to contact you, the information you give us on the following pages is crucial!

THE PERSONAL MEDICAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

- This form **MUST** be filled out and **SIGNED** by a parent or legal guardian.
- The Regional NCSY office **MUST** receive this form **BEFORE** your child attends any Regional Sponsored Event. Please **DO NOT** send the form along with your child in the bus/ car to the event. In order to accurately process this information, we **MUST** receive the forms well in advance of the event.
- Please note that EACH CHILD must have his or her own Medical Form on record in the office.
- Return forms by fax or mail to the NCSY office, *Attention: Medical Forms*

Below we have enclosed emergency contact numbers. Please keep them accessible if you should ever need to use them. We thank you in advance for your help!

Sincerely,

Etz Chaim NCSY

In the event of an EMERGENCY...

If you must contact your child at a Shabbaton (even on Shabbat), call:

Senior NCSY: 551-486-2944

Junior NCSY: 732-213-6448

The above numbers are for emergencies only during the 2007-08 NCSY year. If your child is at a chapter program you must contact the local advisor responsible for the event. Please feel free to call the NCSY office at anytime with any questions regarding this form, local contacts or any of NCSY programs or visit our website at www.njnscy.com.

2007-2008 NCSY MEDICAL HISTORY & TREATMENT CONSENT FORM

NCSYER PERSONAL INFORMATION

NCSYers Name:	NCSYers Home Telephone:
Date of Birth:	NCSYers Cellular:
Gender:	School:
Street Address:	Grade:
City, State, Zip	Chapter:
E-Mail Address:	

PARENT OR GUARDIAN #1

PARENT OR GUARDIAN #2

Name:	Name:
Home Phone:	Home Phone:
E-Mail:	E-Mail:
Cellular:	Cellular:
Employer:	Employer:
Work Telephone:	Work Telephone:
<i>if different from above</i>	<i>if different from above</i>
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:

EMERGENCY CONTACT IF PARENTS/GUARDIANS CAN NOT BE REACHED

Name:	Street Address:
Telephone:	City, State, Zip:
Cellular:	Relationship to NCSYer:

PHYSICIAN INFORMATION

Name:	Telephone:
Street Address:	City, State, Zip:

MEDICAL INSURANCE PLAN

Carrier:	Insured Name:
Identification Number:	Group Number:
Claim Address:	Telephone:



2007-2008 NCSY MEDICAL HISTORY & TREATMENT CONSENT FORM

MEDICATIONS. Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Please send the medication in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. *Withholding this information may put your child in serious danger and delay medical treatment.*

_____ This NCSYer takes NO medications on a routine basis.

<i>Medicine</i>	<i>Dosage</i>	<i>Time of Day</i>	<i>Reason for Taking</i>

ALLERGIES. Attach additional pages if necessary

<i>Food / Medicine / Item Allergic To:</i>	<i>Reaction & Management of the Reaction:</i>

ANY ADDITIONAL INFORMATION ABOUT THE NCSYER'S BEHAVIOR AND PHYSICAL, EMOTIONAL, OR MENTAL HEALTH ABOUT WHICH NCSY SHOULD BE AWARE?

I, _____ (parent/guardian), do hereby give permission to the administration of NCSY to secure emergency medical treatment for the child indicated above. This includes, but is not limited to: transporting and admitting my child to an appropriate hospital or medical facility, administering medications, emergency surgery if indicated, and further providing care as deemed necessary. I further understand that NCSY will attempt to contact me as soon as possible and that emergency care will be continued at the discretion of the administration or their designee until such time as I am available to make further decisions.

I, _____ (parent/guardian) realize that this information is most effective if kept current. We will make every attempt to inform New Jersey NCSY and our local chapter advisors of any changes to this form as soon as possible. I authorize NCSY to share the above information with NCSY personnel as necessary.

Name printed: _____

Signature: _____ Date: _____

