



PACIFIC TORAH INSTITUTE
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MEDICAL AUTHORIZATION

Please print carefully and legibly.

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 NOAM ABRAMCHIK
 RABBI AARON KAMIN

Name of Student _____ Date of Birth ___/___/___
mo. day year

Father's First and Last Name _____ Work (____) _____ Mobile (____) _____

Mother's First and Last Name _____ Work (____) _____ Mobile (____) _____

Insurance Provider _____ **(see note below re: out of country coverage)**

Insurance Number _____

BC Medical Services Number _____

Allergies or Special Conditions _____

 Parent's Name Signature of Parent Date

****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.