Amos Ilan, Advocate & Notary
Notary Licence No. 214444 · 17 Tzahal St., Ness Ziona, Israel
+972-52-5927592 · amos@il-law.co.il · notaryon.biz

עמוס אילן
עו"ד ונוטריון

Medical Information of a Minor

Given on _____

The information is given by the minor's: ☐ father ☐ mother ☐ parents ☐ legal guardians

Given by

Detail	Person 1	Person 2
Full name (as in passport)		
I.D. No.		
Phone		
Email		

The minor

Detail	Minor 1	Minor 2
Full name (as in passport)		
I.D. No.		
Passport No.		
Date of birth		

Medical information

Detail	Information
Allergies / illness	
Symptoms	
Treatment and medication	

Emergency contact

Detail	Contact
Name	
Relation	
Phone	
HMO / insurance	

This form is intended to convey medical information to the escort and to the authorities when needed, and is not a substitute for medical advice.

Name and signature

Name and signature