

## 2010-11 Hebrew School Emergency Form

Please fill out one form for each child in your family.

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address/Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Address/Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Child(ren) Names/ Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

Who is permitted to take your child from Hebrew School?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_

Address/Phone \_\_\_\_\_

Insurance \_\_\_\_\_

**Allergies:** Please state any Allergies that we should be aware of:

\_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

"I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for Hebrew School staff to obtain whatever treatment may be deemed necessary for my child, \_\_\_\_\_."

Signed \_\_\_\_\_