

Keneseth Israel Richard E. Rudolph, Jr., Preschool EMERGENCY FORM

CHILD'S FULL NAME: _____
CLASS: _____ AGE: _____

CHILD'S INFORMATION

DATE OF BIRTH: _____

ILLNESS/DISABILITY: _____

ALLERGIES: _____

SPECIAL DIETARY NEEDS: _____

MEDICATION: _____

PARENT 1 (LEGAL GUARDIAN)

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

HOME TELEPHONE: _____

CELL PHONE: _____

WORK TELEPHONE: _____

COMPANY NAME AND ADDRESS: _____

PARENT 2 (LEGAL GUARDIAN)

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

HOME TELEPHONE: _____

CELL PHONE: _____

WORK TELEPHONE: _____

COMPANY NAME AND ADDRESS: _____

PHYSICIAN INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____

DENTIST: _____

ADDRESS: _____

TELEPHONE: _____

INSURANCE COVERAGE

INSURANCE COMPANY: _____

INSURED NAME: _____

POLICY NUMBER: _____

IF A PARENT CANNOT BE REACHED CONTACT:

NAME: _____

HOME PHONE: _____

CELL PHONE: _____

RELATIONSHIP: _____

COMPANY: _____

WORK NUMBER: _____

PERSON(S) DESIGNATED BY PARENT(S) TO WHOM THE CHILD MAY BE RELEASED:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

I hereby permit my child to accompany an authorized staff member on excursions to places of interest and release the school of any responsibility other than reasonable care. In case of emergency, your child will be taken to the nearest hospital or appropriate medical facility as indicated by the emergency. I understand that in case of emergency, every effort will be made to reach me or my designated substitute. I hereby give permission for the synagogue to secure all necessary treatment for the safety and health of my child. I hereby give permission for my child to receive minor first aid treatment, if necessary. I also hereby release and hold harmless Keneseth Israel Synagogue from any and all liability in case of accident incurred at an event or in route to or from an event.

PARENT SIGNATURE: _____ DATE: _____