

# Religious School Emergency Information Form

## Medical Information

In case of illness or injury during religious school, parent or guardian will be contacted as soon as possible.

Emergency Contact:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Alt. Emergency Contact:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

\* Religious School staff have my permission to give first aid for minor injuries ( ) yes ( ) no

Child's Name	Meds.	Physician's #	Dentist's #	Allergies

In the event of a medical emergency, I authorize the staff of the Religious School of Temple Beth Sholom to obtain emergency medical treatment. I understand that every effort will be made to contact me immediately, and I/we will assume all cost for care that is needed.

Name of parent/guardian (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_