

**EMERGENCIES**

◆ In case of emergency, when neither parent can be reached, give names of two people who will take responsibility for your child.

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Relationship to student \_\_\_\_\_

◆ If parents cannot be reached and emergency medical advice is needed, permission is given to the Hebrew School staff to phone my child's doctor:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's hospital affiliation  
\_\_\_\_\_

◆ In case of medical emergency requiring immediate emergency care, I authorize the paramedics to take my child to the nearest hospital, if necessary.

**◆ FURTHER MEDICAL INFORMATION**

Allergic reactions to medication  
\_\_\_\_\_

Medication child is taking on a regular basis  
\_\_\_\_\_

Any special medical condition or allergy  
\_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_