

2010-2011

Temple Shaarei Shalom

9085 Hagen Ranch Road, Boynton Beach, FL 33472, 561-364-9054

EMERGENCY & HEALTH INFORMATION FORM

One Form Per Child

Child's Name: Last First Public School Name/Grade

Print Last Name Father's Name Mother's Name

Print Address Community Name

Phone Number Father's Cell Number Mother's Cell Number

List any additional adults you give permission to pick up your child:

Name Phone Number Relationship

Name Phone Number Relationship

Emergency Contact Information:

Emergency Person Address Phone Number

Please list any health or learning concerns that we should be aware of. If your child has an IEP or 504 plan, please include. (Use the back of this form or additional paper if necessary)

EMERGENCY MEDICAL RELEASE

I hereby give my consent to the Director of Religious School or person designated as such to make available to my child:

Print Name _____

Professional emergency medical care if such care is indicated.

Signature of Parent _____ Date _____

I give permission for taking pictures of my child for appropriate media coverage.	
Signature of Parent _____	Please print name _____
I give permission for sending my child's name and our names to JCC for children's events.	
Signature of Parent _____	Please print name _____