Emergency Information 2013-2014

Name of Student_____ Hebrew Name_____

Grade_____ Date of Birth_____ Social Security #_____-_____-_____

Name Parent/Guardian_____

Address_____Zip_____E-Mail_____

Home Phone_____ Local School District_____

Mother (work)_____ cell phone_____ pager_____

Father (work)_____ cell phone_____ pager_____

Maternal Grandparents_____Address_____

Paternal Grandparents_____Address_____

Student Information: This information will be shared on a need-to-know basis with individuals who serve your child during the school day or during school sponsored activities in order to promote optimal health, safety and learning.

List Significant Medical Condition(s)/Allergies_____

Current Medications_____

All Immunizations Current_____If not immunized, date child had Chicken Pox_____

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Medical Care Providers

PreferredHospital_____

Physician (name) _____ Phone #_____

Dentist (name)_____ Phone #_____

Eye Care Specialist (name)_____ Phone #_____

Other Health Care Provider (name)_____ Phone #_____

Insurance Information

Provider_____ ID #_____ Medicaid #_____

Additional Person(s) who might be contacted in the event parent/guardian cannot be reached:

Name_____ Relationship_____

Home Phone_____ Work Phone_____

Name_____ Relationship_____

Home Phone_____ Work Phone_____

Authorization for Emergency Care

In case of emergency, I give my consent for the School to contact emergency medical services to attend to my child. I understand that the School will make every effort to contact me/us first. However, in the event that the School feels harm or injury is imminent and contacting a guardian is infeasible, I authorize the School to summon help and to provide to the attending medical technicians, physicians, hospital or clinic the relevant data, judged necessary for treatment, from my child's school health records. I understand that I am responsible for any expenses incurred as a result of this emergency including ambulance services.

Parent/Guardian Signature_____ Date_____

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Parent/Guardian Signature_____ Date_____