

Beth Shir Sholom RELIGIOUS SCHOOL
MEDICAL RELEASE/EMERGENCY INFORMATION



PLEASE PRINT (All information must be complete before child may attend class)

Child's Name _____ Sex (circle one) M F

Age _____ Date of Birth _____ 20____ **Religious School** GRADE: _____

Address _____ City/Zip _____

Mother's Name _____ Hm Phone () _____

Wk Phone () _____ Cell () _____ Pgr () _____

Address Same? _____

If Different _____ City/Zip _____

Occupation _____ Employer _____ Address _____

Father's Name _____ Hm Phone () _____

Wk Phone () _____ Cell () _____ Pgr () _____

Address Same? _____

If Different _____ City/Zip _____

Occupation _____ Employer _____ Address _____

Child's **Physician** _____ Phone () _____

Address _____ City/Zip _____

Insurance Company _____ **Policy Number** _____

Child's known allergies _____

Child's regularly taken medication _____

It is understood that my child, _____, is in good physical health and has my permission to participate in all activities that are part of the regular Religious School program.

I hereby authorize the Religious Education Director or agents of Beth Shir Sholom's Religious School to make available to my child, _____ professional medical care if such care is indicated.

It is understood that a conscientious effort **will be** made to notify me, my spouse, or designated emergency contact before such action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment. I give my permission for my child to receive proper medical treatment by any doctor, nurse, paramedic or hospital medical staff licensed by the State of California.

Parent's signature _____ Date _____ 20____

Local Emergency Contact #1 _____ Relationship _____

Phones Hm Phone () _____ Wk Phone () _____ Cell () _____

Local Emergency Contact #2 _____ Relationship _____

Phones Hm Phone () _____ Wk Phone () _____ Cell () _____

Out-of-State Emergency Contact _____ Relationship _____

Phones Hm Phone () _____ Wk Phone () _____ Cell () _____

Address _____ City/State _____ Zip _____