TEMPLE SINAI OF GLENDALE

2010-2011 STUDENT EMERGENCY INFORMATION

*********Please submit a separate emergency form (2 sides/2 pages) for EACH child.**

The Robert Seiden School of Jewish Studies **Date: _____**

Student's Last Name:	Student's First name:	Sex:	Birth Date:
Student lives with:		**Known Allergies and Medical Conditions:**	
Name of Mother:	Address:	City:	Zip Code:
Home Phone:	Business Phone:	Cell phone:	Email address:
Name of Father:	Address:	City:	Zip Code:
Home Phone:	Business Phone:	Cell phone:	Email Address:
Name of Physician:	Address, City and Zip Code:		Phone:
If the school cannot contact a parent, name a relative or friend who may be called upon if your child is ill.			
Name:		Contact Phone:	
Name:		Contact Phone:	
The School has my permission to authorize emergency medical treatment for my child. I understand that in a medical and/or disaster emergency situation the judgment of the school authorities will prevail. Anytime the above information must be changed, I will notify the school in writing.		Parent Printed Name: Parent Signature:	

THIS IS A 2-PAGE FORM- IF YOU ARE COMPLETING A PAPER COPY, PLEASE TURN OVER and COMPLETE THE REVERSE SIDE!

Print Student's First and Last Name:

In case of an EMERGENCY (bomb threat, earthquake, flooding, etc.) students will be kept at school or evacuated to a safe location until the parent or one of the below named people arrives. **Students WILL NOT be released to any other adult unless written or verbal communication from the parent is obtained.**

A doctor's prescription is required to administer ANY and ALL medication. This includes all brand and generic forms of non-prescription medications (e.g., Tylenol, Advil and Motrin). Should your child require medication during his / her attendance at School, the medication must be in the original container with current printed prescription instructions on the container.

I / We, the undersigned parents of request that medication(s) be administered to our child if needed during and after

an emergency by the School staff, faculty and / or clergy. It is understood that the School is not legally obligated to administer medication to my child, therefore, I agree to indemnify and hold the Temple Sinai faculty, staff and / or clergy and its agents harmless from any and all claims, demands, suits, challenges, or other action arising from the administration of medication or the provisions of special services as outlined in this document.

Parent Printed Name: _____ Parent Signature: _____

List **all people** who may pick up your child from School or in an emergency situation AND their phone numbers.

NAME	PHONE NUMBER (Indicate home, cell and/or business)

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