

Temple Israel Early Childhood Center
Student Emergency Information

2019 - 2020

Child's Name (Full Name) _____

Preferred Name (nickname and name in school) _____

Birth date _____/_____/_____

Home Address _____

Town _____ Zip Code _____

Home phone _____

1. Parent's/Guardian's Name _____

Address (if different from child's) _____

Occupation & Address of Employment _____

Business Phone _____ Cell Phone _____

2. Parent's /Guardian's Name _____

Address (if different from child's) _____

Occupation & Address of Employment _____

Business Phone _____ Cell Phone _____

MEDICAL INFORMATION

Health Insurance Policy Name and Policy Number:

Pediatrician's Name: _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

Medicinal Allergies _____

Medications _____

Other Restrictions _____

Other Medical information or concern we would need to know about in a medical emergency, please state here: _____

EMERGENCY CONTACTS

The following people are authorized to pick up my child and remove from the school if necessary. They are authorized to take whatever measures judged necessary for the care and protection of my child. This includes caregiver's names.

NAME	PHONE	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Temple Israel agrees to take reasonable measures for the protection of the health of each child. However, it assumes no risk for injuries, accidents and/or sickness incurred or received by any child whether directly or indirectly while attending school or under faculty supervision. I agree to release and hold harmless Temple Israel, its trustees and employees from any and all claims that may arise as a result of any injury, loss or damages incurred by me or my family.

In the event of any medical emergency or accident, I hereby give my permission for Temple Israel ECC Staff trained in First Aid to administer it, or to obtain care for my child from a licensed dentist or physician.

I also give my permission to Temple Israel ECC for my child to be taken to Norwalk Hospital or another medical facility (requested by parents) by ambulance or police in the event of any medical emergency or accident.

I hereby authorize such physicians or emergency facility to treat my child in an emergency situation until such time as I can be reached for specific permission. A staff person will remain with my child until I can be contacted and can personally attend to the situation. In the meantime, I authorize the administration of the Temple Israel ECC to act on my behalf, relative to emergency medical treatment of my child.

Any additional notes pertaining to emergency info and/or contacts:

Parent/ Guardian Signature _____

Date: _____