# Temple Avodat Shalom Religious School

## EMERGENCY CONTACT & INFORMATION FORM 2019-20

FAMILY NAME: _____ Home Phone #: _____

Parent/Guardian's Full Name _____ Work # _____ Cell # _____

E-mail _____

Parent/Guardian's Full Name _____ Work # _____ Cell # _____

E-mail _____

1. Student: _____ Grade: _____

Allergies, if any? _____

Does your child take any medication? ☐ Yes ☐ No

If yes, please advise _____ _____

2. Student: _____ Grade: _____

Allergies, if any? _____

Does your child take any medication? ☐ Yes ☐ No

If yes, please advise _____ _____

3. Student: _____ Grade: _____

Allergies, if any? _____

Does your child take any medication? ☐ Yes ☐ No

If yes, please advise _____ _____

In the event of an emergency and neither parent nor guardian can be reached, please call:

Name: _____

Phone#: _____ Relationship: _____

Name: _____

Phone#: _____ Relationship: _____

Name of Physician: _____

Address: _____ Phone #: _____

In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child/children. I understand that I will be contacted immediately, as well as my physician.

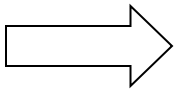
_____ _____

Parent's/Guardian's Name (Please Print) Parent's/Guardian's Signature

_____

Date

**PLEASE COMPLETE REVERSE SIDE**



# INFORMATION RELEASE

**(Note: students will <u>not</u> be identified by name in any photos.)**

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☐ I <u>do not</u> authorize Temple Avodat Shalom and its representatives to include photos or videos of my family on the Temple website, newspapers, brochures, bulletins, social media of all kinds, exhibits, presentations or any other form of publication, whether now existing or hereafter created, whether in print or electronically.

☐ I authorize Temple Avodat Shalom and its representatives to include photos and videos of my family on the Temple website, newspapers, brochures, bulletins, social media of all kinds, exhibits, presentations and any other form of publication, whether now existing or hereafter created, without any fee, royalty or other compensation, for any legal reason.
**(Note: no one will be identified by name in any media without prior specific consent, which consent may be oral.)**

☐ I <u>do not</u> wish my child's address & phone number to be distributed to classmates.

Student (1) Name: (print)_____

Student (2) Name: (print)_____

Student (3) Name: (print)_____

Parent/Guardian Signature: _____ Date: _____

**<u>PLEASE COMPLETE REVERSE SIDE</u>**