



Temple Sholom

Selma Maisel Nursery School

...a place where learning & discovery begin

EMERGENCY INFORMATION 2023-2024

Please print clearly

Child's Name (first & last): _____ Date of Birth: _____

Parent 1 Name (first & last): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Best Phone Number to reach Parent 1 in case of Emergency: _____

Parent 2 Name (first & last): _____ Address: ☐ Same as above, **OR:**

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Best Phone Number to reach Parent 2 in case of Emergency: _____

Persons to be called in case of emergency or for late pickup who are authorized to transport my child:

1. Name: _____ Best Phone # to reach them: _____

Relationship: _____

2. Name: _____ Best Phone # to reach them: _____

Relationship: _____

Child's Pediatrician: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Child's Dentist: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Medications: _____

Other significant medical information: _____

I give permission to the Temple Sholom Selma Maisel Nursery School to take whatever emergency measures (i.e.: first aid, disaster evacuation) as judged necessary for the care and protection of my child while under the supervision of the School. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deem it necessary and I will accept responsibility for all fees incurred in the care and transportation of my child.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

Date: _____ Signature (parent or guardian): _____