

**Temple Beit Torah, Religious School
EMERGENCY INFORMATION FORM**

**Student's Name
Date**

Required for all Students and Teacher's Assistants (who are minors) at TBT Religious School:

- Completion of EMERGENCY INFORMATION FORM
- Parent/Guardian Signature for AUTHORIZATION OF EMERGENCY TREATMENT

Please fill in the blanks with relevant information or indicate Not/Applicable (N/A).

Student Name (last, first)	Age	Date of Birth
Gender M F NB		
Parent (1) Name	Cell Phone	
Parent (1) Address		
Parent (2) Name	Cell Phone	
Parent (3) Name	Cell Phone	
Emergency Contact	Cell Phone	Relationship

Health Concerns: This section must be filled out in its entirety:

Does your child have any of the following health and/or diet concerns?

Communicable Disease?	Explain if illness occurred in last three weeks
Asthma	Explain
Inhaler	What type (rescue/preventative)
Drug Reactions	If so, to what?
Allergies	If so, to what?
Epi-Pen	For what specific allergen
Diabetes	Explain
Dietary Restrictions?	Explain
Medical Conditions?	Explain
Other Concerns?	

Student's Doctor	Doctor's Phone Number
Medical Insurance? Yes No Name of Plan	Policy/Group Number

AUTHORIZATION FOR EMERGENCY TREATMENT

In the event I cannot be reached in an emergency, I hereby give permission to the licensed medical provider selected by the Director (or Acting Director) of Temple Beit Torah Religious School to secure and administer treatment, including hospitalization, for the child named above. I understand that all reasonable attempts will be made to notify me regarding any illness or accident requiring off-site treatment. I authorize Temple Beit Torah Religious School and/or school personnel to transport my child to medical care, or call an ambulance if the situation warrants.

Parent/Legal Guardian Signature	Print Name	Date
---------------------------------	------------	------