



TEMPLE
SINAI
RELIGIOUS
SCHOOL

TEMPLE SINAI RELIGIOUS SCHOOL
Student Emergency Contact Form - 2018-2019

A Separate Form Is Required For Each Student

Student Name: _____ **Grade (2018-2019):** _____

IMMUNIZATION POLICY PARENT STATEMENT

I certify that my child, named above, has received all immunizations required by the N.J. State Department of Health for K-12 children. I understand that if my child attends a private school, the same immunization requirements apply.

If you have notified your school of a medical exemption for your child, please contact Patti Kahn immediately. Thank you.

Parent Signature

Date

EMERGENCY CONTACT INFORMATION

For a school-day problem/emergency who should be contacted if the parents are unavailable.

Sunday : _____
Name Phone(s)

Wednesday: _____
Name Phone(s)

Student's Doctor: _____
Name Phone

Does the student take any medications or have allergies or any special conditions a first responder should know about when providing emergency care?

In the event of a medical emergency, I give Temple Sinai Religious School permission to arrange for or to provide medical treatment as necessary for _____.
Student Name

Parent's Signature: _____ Date: _____

INSTRUCTIONS

The immunization statement and emergency contact information and release statements must be filled out and signed every year. A separate form is required for every student. Your child cannot attend our school without your signatures in both sections above.