



Har Shalom Religious School 2009-2010 Emergency Information

Please attach a recent picture of your child for our emergency plan.

Child's Name _____

Grade _____ Home Phone _____ Birthday _____

Parent/Guardian 1

Name: _____

Last

First

Phone (H) _____ (W) _____ (C) _____

Parent/Guardian 2

Name: _____

Last

First

Phone (H) _____ (W) _____ (C) _____

Emergency Action Authorization Form

I hereby authorize the supervisory person to grant approval for and/to administer first aid and/or to take my child named above, to a physician or hospital for emergency treatment in the event it appears necessary. I hereby release Congregation Har Shalom and all the people associated with the program from any and all liability whether joint or several for injury and/or damages arising out of or as a result of my child's participation in this program.

Parent/Guardian's Signature _____ Date _____

Physician's Name _____ Phone _____

If Parent/Guardian cannot be reached, emergency number to call:

Name _____ Phone _____

Name _____ Phone _____

STUDENT HEALTH PROFILE

- My child's general health is good.
- I have concerns about my child's health that impact Religious School.
Explain _____

My child takes medications that the Religious School needs to know about.

- No
- Yes, Explain _____

My Child has allergies

- No
- Yes
- Foods _____
- Environmental _____

My Child may need accommodation in Religious School regarding:

Vision _____

Hearing _____

Behavior _____

Medications _____

Physical Challenges _____

Special instructions _____

IEP in secular school _____

Additional information on other side.

