



# Har Shalom Religious School 2010-2011 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 has allergies**

- No
- Yes
- Foods \_\_\_\_\_
- Environmental \_\_\_\_\_

Medications \_\_\_\_\_  
\_\_\_\_\_

Special instructions \_\_\_\_\_  
\_\_\_\_\_

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

- No
- Yes, Explain \_\_\_\_\_

**My Child may need accommodation in Religious School regarding:**

Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Behavior \_\_\_\_\_

Physical Challenges \_\_\_\_\_

IEP in secular school \_\_\_\_\_

Additional information on other side.

