

Temple Beth Shalom Religious School
Student Emergency Card 2010-2011

RS Grade _____

Student's Name: (Last) _____ (First) _____ (MI) _____

Address: _____

Home Phone: _____ Family email: _____

Parent #1 _____ Parent #2 _____

Cell phone of Parent #1 _____ Cell phone of Parent #2 _____

Student lives with (circle): Parent #1, Parent #2, both parents, other _____

PERSON TO CALL IN CASE OF EMERGENCY WHEN PARENTS LISTED ABOVE ARE UNAVAILABLE:

Name Phone number Relationship to child

Name Phone number Relationship to child

If a parent is not available, permission is given for medical attention to be provided for the child.

Medical Insurance Co _____ Policy No _____

Parent's Signature _____ Date _____

PLEASE COMPLETE THE ENTIRE FORM!