



Emergency Information Form For Elementary Students School Year 08-09

We are deeply concerned for your child's welfare and must advise you that it is absolutely essential that both sides of this form be completed fully, signed and returned immediately to your child's school office if we are to tender the best possible care in the event of an accident or illness.

FAMILY NAME _____

1. Mother's First Name _____ Home Phone _____ Business Phone _____ Working hours _____ Cell Phone _____	2. Father's First Name _____ Home Phone _____ Business Phone _____ Working hours _____ Cell Phone _____
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3. Persons to call if both parents are not available:	
Name _____	Name _____
Relationship _____	Relationship _____
Daytime phone _____	Daytime phone _____
Cell Phone _____	Cell Phone _____

4. Family Doctor _____	5. Family Dentist _____
Phone _____	Phone _____

6. Insurance information (optional)

Company name _____

Policy# _____

Participating hospital _____

Special instructions _____

In the event your child becomes ill or injured at school a reasonable attempt will be made to:

- (1) Contact parent(s) or in absence
- (2) Contact relatives or friends listed above
- (3) Contact family physician(s) as listed above (if necessary)
- (4) Take or dispatch student to a hospital Emergency Room (if necessary)

I hereby give consent to have the above procedure followed for my ill or injured child, if responsible school personnel feel that this procedure is indicated. I hereby give the Striar Hebrew Academy permission to administer basic first aid and/or CPR and I further consent that my child receive such medical or hospital care and treatment as the physician or hospital may find necessary.

If my child becomes ill or injured and does not require hospitalization, he/she may be released to a friend or relative listed above.

If at any time the information above must be changed, I will notify my child's school office in writing of said changes.

Parent signature _____ Date _____

PLEASE FILL OUT REVERSE SIDE

1. **Child's First Name** _____ **Grade** ___ **DOB** _____
Peanut allergy? ___ Tree nut allergy? ___ Dairy allergy? ___
Other food allergies? Please list: _____
Other allergies? Please list _____
Does your child use an inhaler? ___ Have an Epi-pen? ___
Is your child lactose intolerant? ___

Please list any health conditions that you would like us to be aware of: _____

Please list any dietary requirements that you would like us to be aware of: (*Cholov Yisrael*, vegetarian, etc.) _____

Please list any medications that your child takes on a regular basis: _____

2. **Child's First Name** _____ **Grade** ___ **DOB** _____
Peanut allergy? ___ Tree nut allergy? ___ Dairy allergy? ___
Other food allergies? Please list: _____
Other allergies? Please list _____
Does your child use an inhaler? ___ Have an Epi-pen? ___
Is your child lactose intolerant? ___

Please list any health conditions that you would like us to be aware of: _____

Please list any dietary requirements that you would like us to be aware of: (*Cholov Yisrael*, vegetarian, etc.) _____

Please list any medications that your child takes on a regular basis: _____

3. **Child's First Name** _____ **Grade** ___ **DOB** _____
Peanut allergy? ___ Tree nut allergy? ___ Dairy allergy? ___
Other food allergies? Please list: _____
Other allergies? Please list _____
Does your child use an inhaler? ___ Have an Epi-pen? ___
Is your child lactose intolerant? ___

Please list any health conditions that you would like us to be aware of: _____

Please list any dietary requirements that you would like us to be aware of: (*Cholov Yisrael*, vegetarian, etc.) _____

Please list any medications that your child takes on a regular basis: _____

4. **Child's First Name** _____ **Grade** ___ **DOB** _____
Peanut allergy? ___ Tree nut allergy? ___ Dairy allergy? ___
Other food allergies? Please list: _____
Other allergies? Please list _____
Does your child use an inhaler? ___ Have an Epi-pen? ___
Is your child lactose intolerant? ___

Please list any health conditions that you would like us to be aware of: _____

Please list any dietary requirements that you would like us to be aware of: (*Cholov Yisrael*, vegetarian, etc.) _____

Please list any medications that your child takes on a regular basis: _____
