

Congregation Beth Israel Religious School

Emergency & Health Information Form 2009-2010

Child's Name

In case of injury or illness of a child at school, every effort will be made to contact the parent or guardian. The following instructions will remain in force unless revoked by parent or guardian.

If injury or illness is **MINOR**, give child first aid? Yes No

If injury is serious and parent or guardian cannot be contacted, do wish your personal physician or dentist contacted? Yes No

Name of Physician

Phone

Address

Name of Dentist

Phone

Address

If you **CANNOT** be reached in case of an emergency, please provide alternate names below:

Name

Relationship to Child

Address

Phone

Name

Relationship to Child

Address

Phone