



TEMPLE
SINAI
RELIGIOUS
SCHOOL

**TEMPLE SINAI RELIGIOUS SCHOOL
Student Emergency Contact Form - 2009-2010**

A Separate Form is required for each Student

Student Name: _____ Grade (2009-2010) _____

EMERGENCY CONTACT INFORMATION

For a school-day problem/emergency who should be contacted

IF THE PARENTS ARE UNAVAILABLE

Sunday or Monday: _____
Name Phone

Wednesday: _____
Name Phone

Student's Doctor: _____
Name Phone

Does the student take any medications or have allergies or any special conditions a first responder should know about when providing emergency care?

In the event of a medical emergency, I give Temple Sinai Religious School permission to arrange for or to provide medical treatment as necessary for _____.
Student's Name

Parent's Signature: _____ Date: _____

INSTRUCTIONS

The emergency contact information and release statement at the top of this page must be filled out and signed every year. A separate form is required for every student. Your child cannot attend our school without your signature above.