

Beth El, the Beaches Synagogue
MEDICAL RELEASE/EMERGENCY INFORMATION



PLEASE PRINT (All information must be complete before child may attend class)

Child's Name _____ **Sex** (circle one) **M** **F**

Age _____ **Date of Birth** _____ **20**_____ **Religious School GRADE:** _____

Address _____ **City/Zip** _____

Mother's Name _____ **Hm Phone** () _____

Wk Phone () _____ **Cell** () _____ **Pgr** () _____

Address Same? _____

If Different _____ **City/Zip** _____

Occupation _____ **Employer** _____ **Address** _____

Father's Name _____ **Hm Phone** () _____

Wk Phone () _____ **Cell** () _____ **Pgr** () _____

Address Same? _____

If Different _____ **City/Zip** _____

Occupation _____ **Employer** _____ **Address** _____

Child's Physician _____ **Phone** () _____

Address _____ **City/Zip** _____

Insurance Company _____ **Policy Number** _____

Child's known allergies _____

Child's regularly taken medication _____

It is understood that my child, _____, is in good physical health and has my permission to participate in all activities that are part of the regular Religious School program.

I hereby authorize the Director of Lifelong Learning or agents of Beth El's Sunday School to make available to my child, _____ professional medical care if such care is indicated.

It is understood that a conscientious effort will be made to notify me, my spouse, or designated emergency contact before such action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment. I give my permission for my child to receive proper medical treatment by any doctor, nurse, paramedic or hospital medical staff licensed by the State of Florida.

Parent's signature _____ **Date** _____ **20**_____

Local Emergency Contact #1 _____ **Relationship** _____

Phones **Hm Phone** () _____ **Wk Phone** () _____ **Cell** () _____

Local Emergency Contact #2 _____ **Relationship** _____

Phones **Hm Phone** () _____ **Wk Phone** () _____ **Cell** () _____

Out-of-State Emergency Contact _____ **Relationship** _____

Phones **Hm Phone** () _____ **Wk Phone** () _____ **Cell** () _____

Address _____ **City/State** _____ **Zip** _____