

## EMERGENCY MEDICAL INFORMATION 2011-2012

### EMERGENCY CONTACT

Please provide 3 emergency contact numbers. At least 1 should not be a parent.

	Name	Relationship	Phone	Secondary Phone
1.				
2.				
3.				

### MEDICAL COVERAGE

Medical Insurance Carrier: \_\_\_\_\_

Phone #: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Name of Child	Medical Conditions or Allergies the School should know about

### MEDICAL CONSENT

Child(ren)'s Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Should a medical emergency require immediate attention, and I cannot be reached, I authorize a representative of Temple Israel Religious School to transport my child(ren) to the nearest health care facility and I authorize any emergency treatment that may be deemed necessary.

Mother/Father/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

