

**Community Hebrew School of Bergen County**  
**2023-2024 STUDENT EMERGENCY FORM**



Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone # \_\_\_\_\_

Public School: \_\_\_\_\_ School phone # \_\_\_\_\_

Parent #1

Name \_\_\_\_\_ Cell phone # \_\_\_\_\_

Email: \_\_\_\_\_

Parent #2

Name \_\_\_\_\_ Cell phone # \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contacts if parent(s) cannot be reached: \_\_\_\_\_

In the event of a medical emergency, I authorize the school to obtain medical treatment for my child: Parent(s) signature: \_\_\_\_\_

I authorize my child to take Tylenol if needed: **Yes / No** (please circle)

Student's medical conditions/allergies: \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please use the reverse side of this form for any other  
educational/medical/social-emotional information that you would like to share**

Child's e-mail address: \_\_\_\_\_ (optional)

Child's Hebrew name: \_\_\_\_\_

Our child's name, address and phone # can be distributed to the class. **Yes / No** (please circle)

Our child's photo can be included in publicity material **with / without** (please circle) the child being identified by name. **Yes / No** (please circle)

Parent(s) Signature: \_\_\_\_\_

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