



2025-2026 STUDENT EMERGENCY FORM

Circle the underlined responses where appropriate.

Child's Name: _____ Grade: _____

Address: _____ Home phone #: _____

Public School: _____ School phone #: _____

Parent #1 name, cell # and preferred email:

Parent #2 name, cell # and preferred email:

Other emergency contacts if parent cannot be reached:

In the event of a medical emergency, I authorize the school to obtain medical treatment for my child: Parents signature: _____

I authorize my child to take Tylenol if needed: Yes / No

Student's medical conditions / ALLERGIES: _____

Medications taken regularly: _____

Physician Name: _____ Phone #: _____

Please use reverse of this form for any other relevant educational/medical information that the school should be aware of.

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

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

Parent's signature: _____

Date: _____