

Beth Shir Shalom JELLI MEDICAL RELEASE/EMERGENCY INFORMATION



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

Student's Last Name _____ Student's First Name _____ Date of Birth _____

Student's Hebrew Name _____ Student's E-Mail _____

Name of Public School _____ Grade in 2018-2019 _____ JELLI Grade 2018-2019 _____

Parent #1 Last Name _____ First Name _____ E-Mail _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Occupation _____ Employer _____ Address _____

Parent #2 Last Name _____ First Name _____ E-Mail _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Occupation _____ Employer _____ Address _____

Does student have sibling(s) who attend Religious School? Yes _____ No _____ If yes, please list below.

Name of Sibling _____ Grade _____ Name of Sibling _____ Grade _____

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 JELLI program.

I hereby authorize the JELLI Principal or agents of Beth Shir Shalom's JELLI program 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 California.

Parent's signature _____ **Date** _____

Local Emergency Contact #1 _____ Relationship _____

Phone: Hm Phone () _____ Wk Phone () _____ Cell () _____

Local Emergency Contact #2 _____ Relationship _____

Phone: Hm Phone () _____ Wk Phone () _____ Cell () _____

Out-of-State Emergency Contact _____ Relationship _____

Phone: Hm Phone () _____ Wk Phone () _____ Cell () _____

Address _____ City/State _____ Zip _____