



jewish community  
day school of rhode island

## STUDENT EMERGENCY INFORMATION

In case of illness or emergency, the parent(s) will always be contacted first. If the School Office personnel are not able to contact the parent(s), please indicate who should be called. It is understood that the student has permission to be released to the persons designated below.

STUDENT's Last Name	STUDENT's First Name	STUDENT's Date of Birth	STUDENT'S Grade
<i>PARENT/GUARDIAN Name</i>	<i>PARENT/GUARDIAN Home Address</i>	<i>PARENT/GUARDIAN Home Phone</i>	<i>PARENT/GUARDIAN Cell Phone</i>
<b>Business Name</b>	<b>Business Address</b>	<b>Business Phone</b>	<b>Parent/Guardian Email</b>
<i>PARENT/GUARDIAN Name</i>	<i>PARENT/GUARDIAN Home Address</i>	<i>PARENT/GUARDIAN Home Phone</i>	<i>PARENT/GUARDIAN Cell Phone</i>
<b>Business Name</b>	<b>Business Address</b>	<b>Business Phone</b>	<b>Parent/Guardian Email</b>
<b>Friend or Relative (if parents cannot be reached)</b>	<b>Address</b>	<b>Phone</b>	<b>Cell Phone</b>
<b>Friend or Relative (if parents cannot be reached)</b>	<b>Address</b>	<b>Phone</b>	<b>Cell Phone</b>
<b>Doctor</b>	<b>Address</b>	<b>Phone</b>	

## MEDICAL AUTHORIZATION

I authorize the Jewish Community Day School of Rhode Island to arrange for medical care for my child, \_\_\_\_\_, should an emergency arise at school or on a field trip. It is also understood that a conscientious effort will be made by the school to contact me or any of the emergency numbers I have provided for them before any medical action is taken. I understand that in the final disposition of an emergency case, the judgment of the school authorities will prevail. Any time the provided information must be changed, I will notify the school office.

The school has my permission to take my child to \_\_\_\_\_ Hospital in the event of an emergency. My **Health Insurance** is with (provider): \_\_\_\_\_

and my **Health Insurance Policy Number** is \_\_\_\_\_

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_