

TEMPLE BETH AMI
STUDENT PERSONAL & EMERGENCY INFORMATION
(ALL information will remain confidential)

Student Name: _____ Birth date: _____

CIRCLE CLASS(ES): HEBREW SCHOOL—DALET (4), HEY (5), VAV (6), ZAYON (7)
SUNDAY SCHOOL-GAN (K), Alef (1), BET (2), GIMMEL (3)

FATHER _____ PHONE:(home) _____
(work) _____ (cell/pager) _____

ADDRESS: _____

MOTHER _____ PHONE:((home) _____
_____ (work) _____ (cell/pager) _____

ADDRESS: _____

The child resides with (circle) FATHER/MOTHER/OTHER (SPECIFY) _____

MY CHILD HAS THE FOLLOWING MEDICAL CONDITIONS AND/OR EDUCATIONAL
NEEDS WHICH MAY REQUIRE MEDIATIONS AND/OR CAUSE BEHAVIOR CHANGES: (BE
SPECIFIC AND DETAILED—please use back of this form if necessary)

IF UNABLE TO CONTACT PARENT: LIST TWO LOCAL FRIENDS OR FAMILY
AUTHORIZED TO BE RESPONSIBLE GFOR CHILD'S WELFARE IN THE EVENT OF
INJURY, ILLNESS, LOCAL DIASTER OR DISCIPLINE PROBLEM.
NAME AND RELATIONSHIP TO CHILD PHONE

CHILD CARE PROVIDER:

Name Address Phone

Carpool: The following people have permission to pick up my child from religious school:
NAME PHONE RELATIONSHIP:

I, _____ the parent of, _____ give authority to a Temple Beth Ami
representative to seek emergency medical care for my child. In the event of an emergency, and at the
discretion of the school administrator/teacher or a Temple Beth Ami representative. Emergency
911 will be called first and then the parent.

Insurance Carrier: _____ Policy: _____ Plan #: _____
Insured Name: _____ Employer: _____
Father's Signature _____ Date: _____
Mother's Signature _____ Date: _____