



RELIGIOUS SCHOOL

5007 Providence Rd. Ste 103  
Charlotte, NC 28226

## Student Emergency Information And Release Form 2008/2009

Student Name:(First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Hebrew Name) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Secular School \_\_\_\_\_ Secular School Grade as of 9/08 \_\_\_\_\_

Parent/Guardian (P1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian (P2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child residing with (circle one) Both Parents P1 P2 Joint custody P1 & P2

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medical Information: \_\_\_\_\_  
\_\_\_\_\_

If Guardian Cannot be contacted, please contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home #: \_\_\_\_\_ Work # \_\_\_\_\_ Cell #: \_\_\_\_\_

### Emergency Medical Treatment

If the legal guardian cannot be contacted in the case of a medical emergency, the Temple Israel Religious School has permission to transport the above named child to the physician or hospital as designated for necessary treatment. \_

Signature of Parent /Guardian \_\_\_\_\_

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

**Please complete the form on the other side**

**Field Trip**

Permission is granted for the above named child to participate in field trips planned for the Temple Israel Religious School. It is understood that the TI teaching staff and parents will supervise the field trips.

\_\_\_\_\_  
Signature of Parent/Guardian

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

**Photograph/Video Release**

I hereby give permission to use the photograph/video of the minor named above for publicity, promotion, news releases, videos, and web use of Temple Israel Religious School. This might also apply to the written composition or visual art of the minor or myself if it is published.

\_\_\_\_\_  
Signature of Parent/Guardian

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

***We can serve your child best if we know about your child:***

Does your child have any medical concerns (allergies, medications, etc.)?

Please be specific \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any learning issues that we should be aware of (ADD, ADHD, speech & language, dyslexia, developmental delays, etc.)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an IEP (Individual Education Plan) or a 504 plan at his/her secular school? Yes \_\_\_ No \_\_\_.

Is there anything else you think we should know about your child (temperament, strengths, friends, etc.)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*All information you share will be kept strictly confidential.*