

MEDICAL & EMERGENCY INFORMATION

Family Physician: _____ **Phone #:** _____

If you are unavailable, in case of emergency, whom should we contact?

Emergency Contact #1 Name: _____ **Phone:** _____

Emergency Contact #2 Name: _____ **Phone:** _____

Date of last tetanus shot: Child 1 _____ **Child 2** _____ **Child 3** _____

By signing below:

I verify that my child (children) is up to date on all immunizations, yearly examinations and any other necessary medical care.

I hereby give permission, In case of an **EMERGENCY** on school property, to the physician selected by the Synagogue or their agents to provide emergency care for my child (children) should I be unable to be reached.

_____ Date _____

Parent or Guardian Signature

I give consent for myself and my child (children) to participate in photographs, videos or other promotional materials used by Sinai Free Synagogue, and for the Synagogue to use any artwork or photos taken by the students.

_____ Date _____

Parent or Guardian Signature