

CBI Emergency Information and Medical Release Form

Please complete one form per student

Last Name _____ First Name _____

Home Phone _____ DOB _____ Grade _____

Street Address _____ City _____

Parent 1 _____ Cell Phone _____

Parent 2 _____ Cell Phone _____

Please provide 2 names if neither parent can be reached.

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

List current medications/medical conditions:

List allergies:

Anything else we need to know to allow our volunteer teachers to best work with child including learning, medical, emotional or family issues:

Would you like us to call you for a confidential meeting to further discuss your child? Yes No

Doctor's Name _____ Phone _____

I authorize Congregation Beth Israel to use photographs of my child for promotional materials, newspaper or CBI website. Yes No Signature: _____ Date: _____

In the event the persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid child. I will not hold CBI or its agents financially responsible for the emergency care and/or transportation for the said child.

Parent Name Signature Date