

Beth Israel Religious School 2019-2020/5780

Health Information Form

Kindergarten – 8th Grade

Please fill this form out completely so that we can use the information in an emergency.

Parent Name: _____ Parent cell phone #: _____

Parent Name: _____ Parent cell phone #: _____

HEALTH INFORMATION:

1. Student's Full Name:	Birth Date:	Medical Conditions/Things we should know:	Current Medications:
2. Student's Full Name:	Birth Date:	Medical Conditions/Things we should know:	Current Medications:
3. Student's Full Name:	Birth Date:	Medical Conditions/Things we should know:	Current Medications:

Are your child's/children's vaccinations up to date? ___yes ___no **If you have a medical waiver please attach a copy.**

EMERGENCY CONTACT INFORMATION

Full Name(s):	Relationship to student:	Phone Number(s):
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In the event of a medical emergency, I authorize the staff of Beth Israel Religious School/Programs Department to obtain medical treatment for my child/children. I understand that I will be contacted as soon as possible. Any physical problems or special directions appropriate to my child/children have been listed on this form.

Parent/Guardian Signature: _____ Date: _____