

Emergency Family Contact Form

Rabbi Arthur Schneier Park East Day School



EMERGENCY HOME CONTACT

Student's Last Name _____ First _____ Sex: F M Date of Birth ____/____/____

Mother or _____ Home _____ Business _____

Guardian _____ Phone _____ Phone _____

Home _____ Cell _____

Address _____ Phone _____ E-mail _____

Father or _____ Home _____ Business _____

Guardian _____ Phone _____ Phone _____

Home _____ Cell _____

Address _____ Phone _____ E-mail _____

If school cannot get in touch with either parent/guardian, name a friend or relative who may be called upon if child is ill in school.

Name _____ Address _____ Phone _____

Doctor _____ Address _____ Phone _____

If none of the above can be reached by phone, **What do you wish the school to do** in case the child is ill or injured?

(It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible)

My child _____ is _____ Isn't permitted to be given TYLENOL/Acetaminophen, _____ is _____ Isn't permitted to be given ADVIL/MOTRIN/Ibuprofen, if needed. If at any time the above information must be changed, I will notify the School in writing.

Date _____ Signature of Parent or Guardian _____

Special Medical Problems, Allergies: _____