sabes jcc

HaBonim
AFTER SCHOOL FUN
GRADES K-6

Emergency Contact Form

Both sides must be filled out completely

general information (use a separate form for each child)

Child's name | Age | Gender | Birthdate

Child's School | Grade (Fall 2015)

Address | City | State | Zip

Home Phone

Child Lives with _____

Parent/Guardian Name

Work Phone | Cell Phone | E-mail

Parent Guardian Name

Work Phone | Cell Phone | E-mail

Parent Name, Address & Phone (if different from above)

emergency contacts

If the above people cannot be reached in case of emergency, behavior problem or other situation, the following people have permission to pick up my child and make decisions regarding care:

Name | Name

Relationship | Relationship

Address | Address

(H) Phone | (W) Phone | (H) Phone | (W) Phone

(C) Phone | (C) Phone

transportation

How will your child arrive to HaBonim? (Circle one) HMJDS ◯ Bus from _____ Other _____

What days will your child attend HaBonim? (Circle days) Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Other people authorized to pick up your child:

Name | Phone

Name | Phone

Name | Phone

Please complete reverse side

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medical information

Physician Phone

Date of last DPT

Dentist Phone

Where would you take your child for emergency medical or dental care?

Is you child currently on any medications?

If yes, which medications and for what?

Is your child currently receiving any special help relating to emotional, behavioral concerns at home or school?

If yes, what type of service and for what (Psychiatrist, social worker, agency, etc.)

Does your child have any allergies?

child information

What behavior management techniques work best for your child?

Any other information that you feel might be helpful?

I give permission to HaBonim, the Sabes JCC and employees thereof to make whatever emergency (e.g. first aid, evacuation, etc.) measures are judged necessary for the care and protection of my child while under the supervision of Sabes JCC staff.

In case of a medical emergency, I understand that my child will be transported at my expense to the nearest hospital by the local emergency unit for treatment, if the local emergency resource deems it necessary.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult on the parent's behalf.

Parent's Signature (required) Date