



sabes jcc
minneapolis

4330 S. Cedar Lake Road
Minneapolis, MN 55416
(952) 381-3400
sabesjcc.org

aquatics

student emergency form (page 1 of 2)

Child's Name _____ Birthdate _____ Date of last DPT _____

Child's Address/City/Zip _____

Allergies/significant medical information _____

Parent/Guardian 1 Name (First & Last) _____

E-mail _____

Home Phone _____ Cell Phone _____

Work Phone _____

Address/City/Zip _____

Parent/Guardian 2 Name (First & Last) _____

E-mail _____

Home Phone _____ Cell Phone _____

Work Phone _____

Address/City/Zip _____

Physician Name _____ Dentist _____

Physician Phone _____ Dentist Phone _____

Physician Address _____ Dentist Address _____

please complete other side

student emergency form (page 2 of 2)

Emergency contact/authorized individual who may pick up child:

Name _____

Home Phone _____ Cell Phone _____

Work Phone _____

Address/City/Zip _____

Emergency contact/authorized individual who may pick up child:

Name _____

Home Phone _____ Cell Phone _____

Work Phone _____

Address/City/Zip _____

I give permission to the Sabes JCC Aquatics Department to take whatever emergency measures are judged necessary (first aid, disaster evacuation, etc.) for the care and protection of my child while under the supervision of the Center. 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 (Police Rescue squad) 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/Guardian's Signature _____

Date _____