

**TEMPLE BETH AMI**  
**STUDENT PERSONAL & EMERGENCY INFORMATION**  
**(ALL information will remain confidential)**

**Student Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**CIRCLE CLASS(ES):** HEBREW SCHOOL—DALET (4), HEY (5), VAV (6), ZAYON (7)  
SUNDAY SCHOOL-GAN (K), Alef (1), BET (2), GIMMEL (3)

**FATHER** \_\_\_\_\_ **PHONE:home)** \_\_\_\_\_  
**(work)** \_\_\_\_\_ **(cell/pager)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**MOTHER** \_\_\_\_\_ **PHONE:((home)** \_\_\_\_\_  
**(work)** \_\_\_\_\_ **(cell/pager)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

The child resides with (circle) FATHER/MOTHER/OTHER (SPECIFY) \_\_\_\_\_

**MY CHILD HAS THE FOLLOWING MEDICAL CONDITIONS AND/OR EDUCATIONAL NEEDS WHICH MAY REQUIRE MEDIATIONS AND/OR CAUSE BEHAVIOR CHANGES: (BE SPECIFIC AND DETAILED—please use back of this form if necessary)**

\_\_\_\_\_  
\_\_\_\_\_

**IF UNABLE TO CONTACT PARENT: LIST TWO LOCAL FRIENDS OR FAMILY AUTHORIZED TO BE RESPONSIBLE GFOR CHILD'S WELFARE IN THE EVENT OF INJURY, ILLNESS, LOCAL DIASTER OR DISCIPLINE PROBLEM.**  
**NAME AND RELATIONSHIP TO CHILD** **PHONE**

\_\_\_\_\_  
\_\_\_\_\_

**CHILD CARE PROVIDER:**

**Name** **Address** **Phone**

\_\_\_\_\_  
\_\_\_\_\_

**Carpool:** The following people have permission to pick up my child from religious school:

**NAME** **PHONE** **RELATIONSHIP:**

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ the parent of, \_\_\_\_\_ give authority to a Temple Beth Ami representative to seek emergency medical care for my child. In the event of an emergency, and at the discretion of the school administrator/teacher or a Temple Beth Ami representative. Emergency 911 will be called first and then the parent.

**Insurance Carrier:** \_\_\_\_\_ **Policy:** \_\_\_\_\_ **Plan #:** \_\_\_\_\_

**Insured Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Father's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_