



# Nosh & Drash Contact Form 2011-2012

Last Name of Student \_\_\_\_\_ First Name \_\_\_\_\_ Grade in fall \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Student's email address \_\_\_\_\_ Student's cell phone number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Name of School Student Attends \_\_\_\_\_ District \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_ Father's Hebrew Name \_\_\_\_\_

Mother's Home Telephone Number \_\_\_\_\_ Father's Home Telephone Number \_\_\_\_\_

Mother's Cell Telephone Number \_\_\_\_\_ Father's Cell Telephone Number \_\_\_\_\_

Mother's Work Telephone Number \_\_\_\_\_ Father's Work Telephone Number \_\_\_\_\_

**The best number to reach someone during Nosh & Drash (Thursday evening hours) is: home/work/cell (please circle one).**

Primary \*Email Address/es for Parent/s (please print *clearly*) \_\_\_\_\_

**\*EMAIL IS THE PRIMARY MEANS OF COMMUNICATION BETWEEN THE RELIGIOUS SCHOOL OFFICE, TEACHERS, AND PARENTS.**

**If parents live at separate addresses and you wish to have school-related mailings go to both parents, please list:**

Parent's Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Knowing what helps or interferes with your students's learning has a huge impact on how we can best provide your child with the tools they need to succeed. Please share with us any IEP, 504, or additional information that will help us provide the best learning experience for your student. Information will only be shared with staff members who have direct contact with your student.

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## HEALTH INFORMATION

Allergies, **particularly food limitations** \_\_\_\_\_

Medication child is currently taking \_\_\_\_\_

Does student carry any medications with him/her to school? \_\_\_\_\_ If yes, please list \_\_\_\_\_

## EMERGENCY INFORMATION

In case of injury or illness of a student while at school, every effort will be made to first contact the parent/s or guardian. If the parents or guardian cannot be reached, we will call the individuals which you have listed below. **(PLEASE NOTE: If you have a cellular telephone and/or a pager, please be sure also to list these numbers on the front of this form.** You will be called at your cellular phone only if your student is ill and you cannot be reached at work or home.)

| Name   | Telephone Number       | Relationship    |
|--|------------------------|-----------------|
|  |                        |                 |
|  |                        |                 |
|  |                        |                 |
|  |                        |                 |
| Student's Physician _____                        | Telephone Number _____ |                 |
| Student's Dentist _____                          | Telephone Number _____ |                 |
| Name of student's health insurance company _____ |                        | Policy #: _____ |

I hereby give permission to employees of the Hebrew Educational Alliance to call the doctor/dentist listed above and to arrange for medical or surgical care for the above named student should an emergency arise. It is understood that a conscientious effort will be made first to locate me, or the emergency contacts named above, before any action will be taken. If it is not possible to locate me and medical or dental care is necessary for my child, these and any expenses will be accepted and paid for by me.

I give permission to employees of the Hebrew Educational Alliance to call the persons listed above in the event I cannot be reached and my student becomes ill or injured while at Religious School.

I hereby release the Hebrew Educational Alliance and its employees from all liability with respect to any injuries or damages suffered by my child and/or myself arising from his/her/my participation in activities in connection with his/her enrollment as a student at the Hebrew Educational Alliance Religious School, including, but not limited to, school and classroom activities, field trips, retreats and inter-congregational events.

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS

Please indicate below if you give your permission for any of the following medications to be given to your student while s/he is in attendance at Religious School. **NO medication will ever be given to any child unless the administration at the Religious School has first spoken with and received verbal permission from the child's parent or guardian to do so immediately before administering the medication. At that time the parent will indicate which medication and dosage the child should receive.** Please check any medications which **MAY** be given to your child and sign your name below.

\_\_\_\_\_ Tylenol (Acetaminophen)      \_\_\_\_\_ Benadryl liquid

\_\_\_\_\_ Advil (Ibuprofen)      \_\_\_\_\_ Robitussin DM Cough Syrup      \_\_\_\_\_ Cough Drops

I give permission for the Education Director and/or Assistant to administer to my child the over-the-counter medication/s checked above. I understand that I will first speak personally with the Education Director and/or Assistant and give my verbal permission to administer the medicine at that time. At that time I will also indicate which medication and the correct dosage that should be given to my child. I may revoke this permission at any time in writing.

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PERMISSION TO ADMINISTER EPI-PEN (Epi-pen must be sent to school in its original packaging with the prescription. Please place the Epi-Pen in a clear plastic bag labeled with your child's name. Should we have to administer the Epi-Pen, 911 will be called immediately and you will be notified immediately as well).

I authorize HEA staff to administer Epi-Penin the event of an allergic reaction experienced by my child. I must provide a copy of my child's prescription and an epi-pen in its original packaging. (Please place epi-pen and packaging in a zip top bag with a photograph of your child).

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_