



## HEALTH INFORMATION

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

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

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

## EMERGENCY INFORMATION

In case of injury or illness of a child while at school, every effort will be made to first contact the child's 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 child is ill and you cannot be reached at work or home.)

Name	Telephone Number	Relationship
------	------------------	--------------

Name	Telephone Number	Relationship
------	------------------	--------------

Name	Telephone Number	Relationship
------	------------------	--------------

Child's Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of child'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 child 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 child 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 child 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 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 in writing at any time.

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

**PERMISSION TO ADMINISTER EPI-PEN (Epi-pen/Epi-Pen Jr. 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 and a photograph of your child. 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-Pen/Epi-Pen Jr. (circle one) in 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 \_\_\_\_\_

## ***IMPORTANT & NEW FOR 2011-2012:***

**Some people are great at remembering names. Some, not so much...We want to help everyone in the Religious School know your child by name. Please attach a color copy of a recent photo of each child you are enrolling. Photos should be labeled on the back with first and last name of child. Thanks for your help with this project!**