

Please complete one per child. Print clearly in black ink.

**Complete & Return  
by first day of school.**

**2011-2012/5771-5772  
Emergency Information**

*\*Please contact first:*

Home  Mother at work  Father at work

Student last name \_\_\_\_\_ First name \_\_\_\_\_ GRADE \_\_\_\_\_

Home address \_\_\_\_\_ Home phone \_\_\_\_\_  Other \_\_\_\_\_

Mother

\_\_\_\_\_  
Last name First name

\_\_\_\_\_  
E-mail address (If you do not have email write NO EMAIL)

\_\_\_\_\_  
Work phone Cell or beeper number (Or write NO CELL PHONE)

Father

\_\_\_\_\_  
Last name First name

\_\_\_\_\_  
E-mail address (If you do not have email write NO EMAIL)

\_\_\_\_\_  
Work phone Cell or beeper number (Or write NO CELL PHONE)

Physician & Dentist

\_\_\_\_\_  
Doctor's name Phone

\_\_\_\_\_  
Dentist's name Phone

Insurance

\_\_\_\_\_  
Company name Policy number

Emergency contact

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Telephone Cell or beeper number

Special Information

Please list any information the school nurses should have relative to your child's health (e.g. severe allergies, medications, asthma). Please continue on back if necessary:

I, the undersigned, hereby grant permission for my child \_\_\_\_\_  
(name of student)

**ממוןידים Maimonides School**

**General Permission: September 1, 2011-June 30, 2012**

- To leave the grounds of Maimonides School for trips and activities, under supervision approved by the administration of Maimonides School, and I hereby agree to release, discharge and hold harmless, the agents, servants, employees, officers and directors of the Maimonides School from and against any and all actions, damages and liability arising out of or in any way related to such trips and activities.
- If for any reason I cannot be reached, I hereby authorize Maimonides School to transport my child, listed on this form, to the nearest hospital for the necessary medical treatment.
- Maimonides School is hereby granted the right to reproduce electronic or printed images of its students as part of any school-related activity. If there are questions relating to this matter they may be submitted via email to info@maimonides.org.
- I do \_\_\_ I do not \_\_\_ grant permission to the school nurses, at their discretion, to give my child a non-aspirin pain reliever.
- I do \_\_\_ I do not \_\_\_ grant permission to the school nurses to give Benadryl in case of an emergency. Benadryl (diphenhydramine) is used for emergency treatment of allergic reactions.

**Please list sibling(s) name(s) and grade(s) who attend Maimonides:**

Parent signature \_\_\_\_\_ Date \_\_\_\_\_