

TORAH SCHOOL OF GREATER WASHINGTON

EMERGENCY INFORMATION CARD

2008 - 2009 School Year

Family Name _____

Children's First Names and Birthdates _____

Home Address _____
Street / Apt. City State Zip Code Home Telephone #

Mother's Info: _____
Last Name First Name CELL or BEEPER#

Mother's Employer or School _____ Hrs. & Days of Work _____

Business Address _____
Street City State Zip Code Work Telephone #

Father's Info: _____
Last Name First Name CELL or BEEPER #

Father's Employer or School _____ Hrs. & Days of Work _____

Business Address _____
Street City State Zip Code Work Telephone #

Name of Person Authorized to Pick up Children (daily) _____
Last First Relationship to children

Address _____
Street City State Zip Code Telephone #

For when parents cannot be reached, list at least two people who may be contacted in an emergency.

1. Name _____ Telephone _____
Last First

Address _____
Street City State Zip Code

2. Name _____ Telephone _____
Last First

Address _____
Street City State Zip Code

Children's Physician or Source of Health Care _____ Telephone _____

Address _____
Street City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the Torah School of Greater Washington to have your child transported to that hospital.

Signature of Parent/Guardian

Date

UPDATES: (Initials/Date) _____