

REGISTRATION FORM (page 2)

EMERGENCY INFORMATION

Doctor's Name _____

Phone Number _____

Dentist's Name _____

Phone Number _____

Medical Insurance Carrier _____

Policy Number _____

Please list any conditions that may give rise to, or we should know in the event of, a medical emergency:

Emergency Parent Contact Phone Numbers:

Parent 1: Cell Phone _____ Pager _____

Parent 2: Cell Phone _____ Pager _____

Emergency Contacts: In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence.

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

PERMANENT RELEASE

Student's Name _____

If and when the need for medical and/or surgical attention arises during the period of my child's official participation in Congregation B'nai Tikvah's Religious School Program, and a listed parent or emergency contact cannot be reached, I hereby grant permission for my child to be treated by qualified medical authorities at their discretion and that of the Congregation B'nai Tikvah staff.

I authorize my child to leave Congregation B'nai Tikvah Religious School for field trips with adequate supervision.

I release Congregation B'nai Tikvah from all responsibilities other than supervised activities.

Parent Signature _____ Date _____

PUBLICITY RELEASE

I authorize my child's photograph to be published in Bay Area newspapers and on the Congregation's web-site. Names are never used.

Parent Signature _____ Date _____