



Orangetown Jewish Center Religious School

Rabbi Craig Scheff

Rabbi Paula Mack Drill
Associate Rabbi

Sandra Borowsky
Educational Director

Glenn Hirsh
President

EMERGENCY CARDS 2009-2010

(Fill out one per child)

Student's Full Name: _____ **Birth Date:** _____

Student's Home Address: _____

Home Phone #: _____

Emergency Contacts:

Contact #1

Name: _____ **Relationship to student:** _____

1st Phone: _____ Home Cell Work

2nd Phone: _____ Home Cell Work

3rd Phone: _____ Home Cell Work

Contact #2

Name: _____ **Relationship to student:** _____

1st Phone: _____ Home Cell Work

2nd Phone: _____ Home Cell Work

3rd Phone: _____ Home Cell Work

Contact #3

Name: _____ **Relationship to student:** _____

1st Phone: _____ Home Cell Work

2nd Phone: _____ Home Cell Work

3rd Phone: _____ Home Cell Work

In case of accident or serious illness, if the school is unable to reach a parent or emergency contact, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If the school is unable to reach this physician, the Orangetown Jewish Center has the authority to perform and seek emergency medical treatment.

Parent/Guardian Signature: _____ **Date:** _____

Medical Insurance Co.: _____ Policy # _____

Physician's Name: _____ Phone # _____

Physician's Address: _____