



# Orangetown Jewish Center Nursery School



Rabbi Craig Scheff Rabbi Paula Mack Drill  
Associate Rabbi

Sandra Borowsky, MS.Ed  
Education Director

Glenn Hirsh  
President

## EMERGENCY CARDS 2009-2010

(PRINT CLEARLY - FILL OUT ONE PER CHILD)

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK TEL. # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL # \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK TEL. # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL # \_\_\_\_\_

RELATIVE/NEIGHBOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

MEDICAL INSURANCE CO. \_\_\_\_\_ POLICY NO. \_\_\_\_\_

LOCAL PHYSICIAN'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_