Rabbi Matuson
Religious School
at Beth El - The Beaches Synagogue

Emergency Information & Medical Release 2023/2024

PERSONAL INFORMATION			
Child's Name:			Sex: ☐Male or ☐Female
Age:	Date of Birth:	School Grade:	Religious School Grade:
Address:			City/Zip:
Mother's Name:			
Email:			Main Phone: ( ) -
Address (If Different):			
Occupation:			Employer:
Father's Name:			
Email:			Main Phone: ( ) -
Address (If Different):			
Occupation:			Employer:
Child's Physician:			Main Phone: ( ) -
Address:			City/Zip:
Insurance Company:			Policy #:
Allergies:			
Medications:			

☐ It is understood that my child _____ is in good physical health and has my permission to participate in all activities that are part of the regular Religious School program

☐ I hereby authorize the Education Director or agents of Beth El Religious School to make available to my child _____ professional medical care if such care is needed.

☐ It is understood that every effort will be made to notify me, my spouse, or designated emergency contact before such action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment. I give my permission for my child to receive proper medical treatment by any doctor, nurse, and paramedic or hospital medical staff licensed by the State of Florida.

Parent Signature:	Date:
Emergency Contact (other than parent) Name:	
Relationship:	Main Phone: ( ) -