



REQUIRED

**B'nai Shalom Day School  
2016-2017  
Database/Emergency Contact Information  
(One form per student)**

Child's Full Name: \_\_\_\_\_ Child Goes By: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Entering Grade 2016-2017: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Name:	Parent 2 Name:
Primary Phone - please circle: cell home work	Primary Phone - please circle: cell home work
Parent 1 Cell Phone: _____	Parent 2 Cell Phone: _____
Parent 1 Home Phone: _____	Parent 2 Home Phone: _____
Parent 1 Work Phone: _____	Parent 2 Work Phone: _____
Parent 1 Email: _____	Parent 2 Email: _____

Other children in the family:			
Name	Age	Grade	Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current synagogue affiliation(s):  
 Beth David Synagogue \_\_\_\_\_ Temple Emanuel \_\_\_\_\_ Chabad \_\_\_\_\_ Other \_\_\_\_\_ NA \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Allergies (food/medication/environmental/etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

My child may have acetaminophen (eg. Tylenol): \_\_\_\_\_ yes \_\_\_\_\_ no (Please note: No medication will be dispensed without written permission and instructions from parents).

My child may have ibuprofen (eg. Advil, Motrin): \_\_\_\_\_ yes \_\_\_\_\_ no (Please note: No medication will be dispensed without written permission and instructions from parents).

Please list all medications (including dose and time of day) that your child takes regularly at home:

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My child takes medication during school hours: \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please complete and return Permission to Dispense Medication During and After School Form (orange paper).  
Check if attached

If unable to reach parent(s), please provide names of two people to be contacted in case of illness or emergency:

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Although the above recommendation of the parent will be respected when possible, I understand that in the final disposition of an emergency case, the judgment of the school authorities will prevail. Anytime the above information must be changed, I will notify the office in writing.**

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* I agree that the Head of School may authorize the physician of her choice to provide emergency care in the event that the family physician or I cannot be contacted.**

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*I verify the information to be true and accurate, and acknowledge my responsibility to notify the school of any changes.**

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_