

TEMPLE AVODAH R.S. HEALTH INFORMATION SHEET

Child's Name: _____ Age _____ Grade: _____

Address: _____

Phone: parent name _____ (H) _____ (C) _____ (W) _____

Phone: parent name _____ (H) _____ (C) _____ (W) _____

Names and phone numbers of individuals to contact if parent is not available:

1. _____

2. _____

Name of pediatrician or family doctor: _____

Address: _____

Phone #: _____

Please indicate any health issues which might interfere with the learning process of your child:

Does your child take any medications? If so please list: _____

List any allergies your child has: _____

I give Temple Avodah staff permission to call 911 in an **emergency**; if possible we will contact parent or emergency contact first.

Parent/Guardian Signatures: 1. _____

2. _____