

TEMPLE AVODAH HEALTH INFORMATION SHEET

Child's Name & Grade: _____

Address: _____

Phone #'s: (H) _____ **(C)** _____ **(W)** _____

Parent to contact first: _____

Reachable phone number during Religious School hours: _____

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: _____

Does your child have any allergies? _____

I give Temple Avodah permission to call 911 in an emergency if neither parents nor physician can be reached.

Parent's Signatures:

1. _____

2. _____