



**GJC Teen Institute
5770 (2009–10) Health/Emergency Contact Form**

****Please complete one form for each student****

Student Name: _____

In case of an emergency, parents will be contacted first. If they are not reachable, who should be contacted?

Name 1: _____ Relationship: _____

Tel (#1): _____ Tel (#2): _____ Tel (#3): _____

Name 2: _____ Relationship: _____

Tel (#1): _____ Tel (#2): _____ Tel (#3): _____

Family Physician: _____ Tel: _____

Practice Name: _____

Address: _____

Family Dentist: _____ Tel: _____

Practice Name: _____

Address: _____

Please list any emotional or physical health condition that we should be aware of in the case of an emergency health situation:

If appropriate, Germantown Jewish Centre Religious School has my permission to dispense acetaminophen (Tylenol), ibuprofen (Advil) or topical hydrocortisone (Cortizone 10) to my child.

In the event my child becomes ill during a school function, a reasonable effort will be made to (1) contact a parent or guardian, or in their absence, (2) contact the alternate(s) listed above, (3) contact the family physician or dentist listed above, and (4) take or dispatch child to the nearest hospital emergency room.

I hereby release Germantown Jewish Centre and its employees from any liability in case of an accident incurred during school hours. I understand that in case of illness, my child is covered by medical insurance, subject to the terms and conditions of my insurance plan. In case of emergency, I hereby give permission to the school to secure proper treatment for my child.

Parent Signature

Date