

## Parent's Permission for Emergency Care

The following gives Temple Emanu-El Religious School (through the Religious School Director and/or other proper representative) permission to have your child medically treated in case of accident or medical emergency. Please understand that in no case will your child be treated without contacting you, or the person designated as your emergency contact, if that is possible and time allows.

|   |                              |
|---|------------------------------|
| Students Name   | Home Phone #                 |
|   |                              |
| Address   |                              |
|   |                              |
| Mother's Cell:  | Father's Cell:               |
|   |                              |
| Additional Emergency Contact and Phone#   | Relationship                 |
|   |                              |
| Please list any medications you child is taking   | Medical Conditions/Allergies |
|   |                              |
|   |                              |
|   |                              |
| <p>I give permission to the Religious School Director or a proper representative of Temple Emanu-El Religious School to have my child: _____<br/> treated by proper medical professionals in the case of an accident or medical emergency. I understand that every attempt will be made to contact me or my designated emergency contact before treatment is offered.</p> |                              |
| Signature of parent or guardian   | Date:                        |