Temple Micah Religious School
Student Medical and Emergency Information
2007-2008/5768

Name of child: _____

Date of birth: _____

Mother's name: _____

Father's name: _____

Mother's home phone: _____ cell phone or pager _____

Father's home phone: _____ cell phone or pager _____

Where is the best place to reach you during Religious School hours? _____

Does your child have any food or drug allergies? If yes, please explain: _____

_____

Is your child on any type of specific diet? If yes, please explain: _____

_____

Is your child taking any type of daily medication? If yes, please explain: _____

_____

In case of MILD INJURY, may we administer first aid? Yes No

In case of SERIOUS illness or injury, if parents cannot be contacted, do you wish your own health care provider? Yes No

Name of Physician: _____ Telephone number: _____

Call an ambulance if necessary? Yes No Hospital of choice (if possible): _____

Please list two local emergency contacts in the event that the parent/guardian cannot be reached.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In case of a medical emergency, I authorize the staff of Temple Micah Religious School to obtain emergency medical treatment for my child as detailed above.

_____ _____ _____

Parent's name (please print) (Parent's signature) Date

Please complete and sign this form and return it, along with the other registration forms, to:

Temple Micah Religious School
2600 Leyden Street
Denver, CO 80207