

Community Hebrew School of the North Shore, Inc.
North Shore Hebrew School

An Innovative School for Children Ages 3 – Grade 6

287 Lafayette Street, Salem, MA 01970

Phone: (978) 740-1836

www.northshorehebrewschool.com



We are proud to be designated as a USCJ Framework for Excellence School

Emergency Medical Information & Release Form for 2007 / 2008

Student's Name: _____ **Birth Date:** _____

Student's primary address: _____

City: _____ State: _____ Zip _____

In case of Emergency, please call in the following order:

1st to Contact (Parent / Guardian): _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Do you give permission for your child to be released to the above named contact? Yes No

Do you give permission for the above named contact to make medical decisions regarding your child? Yes No

2nd to Contact: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Do you give permission for your child to be released to the above named contact? Yes No

Do you give permission for the above named contact to make medical decisions regarding your child? Yes No

3rd to Contact: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Do you give permission for your child to be released to the above named contact? Yes No

Do you give permission for the above named contact to make medical decisions regarding your child? Yes No

If your child is currently taking medication for any reason, please list all medications and doses below:

If your child is receiving treatment for any medical condition, please explain below:

If your child has any allergies to food or medication, please list below:

I understand that the North Shore Hebrew School (NSHS) will do their best to contact me should a medical or other emergency occur. However, should circumstances prevent them from doing so, by signing below I authorize NSHS staff to render and/or obtain medical care as they deem appropriate. I further agree and hold harmless the NSHS from all liability in connection with or related to my child's attendance at NSHS and participation in NSHS activities. I understand that the NSHS expects my child to be covered by medical insurance. The Community Hebrew School of the North Shore, Inc., d/b/a North Shore Hebrew School, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Parent / Guardian Signature: _____ **Print Name:** _____ **Date:** _____

Medical Insurance Company: _____ Subscriber Name: _____

Policy Number: _____ Insurance Company Phone: _____