



### EMERGENCY FORM

**Child 1 Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Grade entering in the fall: \_\_\_\_\_ School: \_\_\_\_\_  
[Last] [First] [Middle]

Gender: [ ] Male [ ] Female Kosher: [ ] Yes [ ] No

Allergies: \_\_\_\_\_

Any specific restricted activities? \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

**Child 2 Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Grade entering in the fall: \_\_\_\_\_ School: \_\_\_\_\_  
[Last] [First] [Middle]

Gender: [ ] Male [ ] Female Kosher: [ ] Yes [ ] No

Allergies: \_\_\_\_\_

Any specific restricted activities? \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

**Preferred mailing address:** \_\_\_\_\_

\_\_\_\_\_  
[City] [State] [Zip]

Preferred Non-Emergency Phone Number(s) \_\_\_\_\_

Preferred Email Address(es) \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_ [ ] Authorized for pickup

1<sup>st</sup> number to call in emergency: \_\_\_\_\_ 2<sup>nd</sup> number to call in emergency: \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ [ ] Authorized for pickup

1<sup>st</sup> number to call in emergency: \_\_\_\_\_ 2<sup>nd</sup> number to call in emergency: \_\_\_\_\_

#### PLEASE READ AND SIGN BELOW

I/we/our children are participating in programs and activities at the Jewish Alliance of Greater Rhode Island. I/We understand the policies, rules, and regulations of this institution and agree to abide by them. I/We agree to hold harmless and released the Jewish Alliance of Greater Rhode Island, its officers, Directors, volunteers and employees for any injury I/we/my family might sustain while participating in and Jewish Alliance of Greater Rhode Island activity, and for any loss or theft of personal property on Jewish Alliance of Greater Rhode Island premises or while participating on any field trip.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



**In case of emergency we will contact the parents first. If parents are unable to be reached, we will call the persons listed below. You must list 2 additional contact persons other than parents/guardians. These persons must be authorized for pickup.**

**Person 1** to call in case of emergency other than parent/guardian: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_ [ ] Authorized for pickup  
 1<sup>st</sup> number to call in emergency: \_\_\_\_\_ 2<sup>nd</sup> number to call in emergency: \_\_\_\_\_

**Person 2** to call in case of emergency other than parent/guardian: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_ [ ] Authorized for pickup  
 1<sup>st</sup> number to call in emergency: \_\_\_\_\_ 2<sup>nd</sup> number to call in emergency: \_\_\_\_\_

**MEDICAL EMERGENCY**

Local physician's name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_

I hereby authorize emergency paramedics, and Jewish Alliance of Greater Rhode Island's staff to transport my child(ren) to a physician's office and/or emergency room for treatment in the event that emergency care is needed and they are unable to reach us. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes to the appropriate medical care provider. Further, I authorize the physician and hospital staff to treat our child(ren), as they deem necessary in the emergency situation. We understand that the information on this form will remain confidential.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PICK UP AUTHORIZATION**

**Please list any additional persons who are authorized for pickup.**

I hereby authorize the Jewish Alliance of Greater Rhode Island to release my child(ren), \_\_\_\_\_ to any of these additional people listed below. I am aware that my child(ren) will not be released to any person not authorized for pickup on this Emergency Form unless I grant **written** and dated permission.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TRIP PERMISSION**

My Child(ren), \_\_\_\_\_, a daycare participant/camper at the Jewish Alliance of Greater Rhode Island, has/have my permission to go by school bus or public transportation on all field trips during any session of camp or other Children’s Programming Department activity. My child(ren) also has/have permission to walk to and from local field trip destinations.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PHOTO PERMISSION**

*The Jewish Alliance of Greater Rhode Island uses candid images of children at play as well as group shots in their brochures, website, and other marketing tools. These photographs and videos help promote our non-profit programs to other families looking to register for our programming. We also use photos in scrapbooks, projects, and camp activities.*

I **do not** want my child’s image used for non-profit marketing purposes.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

I **do not** want my child’s image uses for any purpose.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_