



Congregation Shaarey Tefilla
2016-2017 Religious School Registration
Emergency Contact Information

Parent/Guardian Information

Parent/Guardian 1	Parent/Guardian 2
Name	Name
Address	Address
City/State/Zip	City/State/Zip
Home Phone	Home Phone
Cell Phone	Cell Phone

Emergency Contacts (if we are unable to reach a parent/guardian)

Name	Name
Home Phone	Home Phone
Cell Phone	Cell Phone

MEDICAL CONSENT – APPLIES TO ALL CHILDREN IN THE FAMILY

If reasonable attempts to reach me fail, I hereby give my consent for

The administration of any treatment or hospital transfer deemed necessary by my preferred physician/ dentist and/or medical personnel or CST staff on the scene.

If transfer to a hospital is necessary, my preferred hospital is _____.

(Signature of parent or legal guardian)

(Date)