

Congregation Shaarey Tefilla
Sunday School and "Hebrew for Life" 2020-2021
Emergency and Medical Form

(Emergency and Medical Form does not have to be turned in with the Enrollment application.)

(Emergency and Medical Form needs to be turned in at the latest by Monday, August 7, 2020.)

(Mail Form: CST, 3085 W. 116th Street., Carmel, IN 46032 or Email Form: educationdirector@shaareytefilla.org)

Student(s) Name: _____

Emergency Notification: *(Specify for Contact Number: Home, Cell, or Work)*

Parent/Guardian 1 _____ *(Person filling out the form)*
Relationship _____
Contact Numbers _____

Parent/Guardian 2 _____
Relationship _____
Contact Numbers _____

(If Parents/Guardian can't be reached)

Contact Name _____
Relationship _____
Contact Number _____

Contact Name _____
Relationship _____
Contact Number _____

Emergency Consent: *(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 preferred physician/dentist and/or medical personnel or CST staff on the scene.

Physician/Internist *(name & number)* _____

Dentist *(name & number)* _____

Hospital *(name & location)* _____

(Parent Signature)

(Date)

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Student(s) Name: _____

(If you child/children does not have any medical concerns skip to signature and date)

Medical Concerns:

Any specific medical concerns including migraines, asthma, diabetic seizures, etc.

Allergies, including food, medications & insect stings

(We will not be serving snacks during religious school this year, but we may add overtime activities after school on Sundays)

Student Name _____

Medical Concern(s)/Allergies

Reaction(s) & Instructions

_____	_____
_____	_____
_____	_____

Does your child have an IEP? _____ Yes, Diagnosis _____

(Copy of IEP with diagnosis for student to attend religious school)

Student Name _____

Medical Problem(s)/Allergies

Reaction(s) & Instructions

_____	_____
_____	_____
_____	_____

Does your child have an IEP? _____ Yes, Diagnosis _____

(Copy of IEP with diagnosis for student to attend religious school)

Student Name _____

Medical Problem(s)/Allergies

Reaction(s) & Instructions

_____	_____
_____	_____
_____	_____

Does your child have an IEP? _____ Yes, Diagnosis _____

(Copy of IEP with diagnosis for student to attend religious school)

(Parent Signature)

(Date)