EMERGENCY FORM 2011/12

Hamilton Hebrew Academy
Hamilton Jewish Middle School

Student's Name _____ Grade _____

Address _____

_____ Birth Date _____

Mother's name and day-time numbers:

Name: _____

(w) _____

(h) _____

(Cell / other) _____

(Email) _____

Father's name and day-time numbers:

Name: _____

(w) _____

(h) _____

(Cell / other) _____

(Email) _____

Father's Place of Work _____

Mother's Place of Work _____

Student's Doctor _____ Phone _____

Address _____

Health Card Number _____ Version Code _____

Persons to call in case of emergency if parents cannot be reached *(please provide two):*

Name _____
Address _____
Home Phone _____
Cell Phone _____
Email _____
Relation to Student _____

Name _____
Address _____
Home Phone _____
Cell Phone _____
Email _____
Relation to Student _____

Medical Information - please list any allergies or known medical conditions that your child has or medications that your child is taking. *(Use the back of this sheet if more space is needed)*

_____

_____

DECLARATION OF CONSENT
In the event of an emergency, I authorize a member of the Hamilton Hebrew Academy Administration, or a staff member they appoint, to take my child to a medical facility for emergency treatment.

_____ _____
Date *Signature of Parent or Guardian*