

Temple Israel Center Nursery School - Emergency Card

Date: _____

Child's Name: _____ M _____ F _____
Last First Middle

Nickname: _____ DOB _____

Address: _____ Phone: _____

Mother's Name _____ Father's Name _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Family MD _____ Phone: _____

Allergies: _____

Emergency Numbers (Please include at least one emergency contact in your child's class):

Relationship

1. _____

2. _____

3. _____

In accordance with regulations of the State Department of Education, we are required to have the following statement on file:

**IN THE EVENT OF AN ACCIDENT OR ILLNESS REQUIRING IMMEDIATE MEDICAL CARE ,
I HEREBY AUTHORIZE THE NURSERY SCHOOL DIRECTOR OR OTHER PERSONS IN CHARGE, TO
SECURE SUCH CARE.**

SIGNATURE _____

I hereby grant permission for my child to be picked up at Temple Israel Center Nursery School by the following persons:

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE ARE CHANGES I WILL SUBMIT THEM IN WRITING. SIGNATURE: _____

**IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE THE NURSERY
SCHOOL STAFF TO EVACUATE MY CHILD TO SAFETY.**

SIGNATURE _____