



HILLEL COMMUNITY DAY SCHOOL
EMERGENCY HEALTH INFORMATION FORM 2024-2025

Dear Parents/Guardians,

We update our cumulative record files and Health Office data annually. Please complete both sides of this information card, sign it and return it to the main office by August 19th. This information is critical for us to be able to care for your child(ren) in an emergency and assure their file will be accurate for first responders.

1. Child's Name, DOB, M/F, Child's M.D., Phone, Child's Dentist, Phone, Child's Orthodontist, Phone

Health History for the past year:

Surgical/Medical, Allergies

2. Child's Name, DOB, M/F, Child's M.D., Phone, Child's Dentist, Phone, Child's Orthodontist, Phone

Health History for the past year:

Surgical/Medical, Allergies

3. Child's Name, DOB, M/F, Child's M.D., Phone, Child's Dentist, Phone, Child's Orthodontist, Phone

Health History for the past year:

Surgical/Medical, Allergies

Child(ren)'s Primary Address

Please choose one: Ms. Mrs. Mr. Dr. Rabbi
Parent's Name, Address, City, State, Zip, Employer/College Attending, Home Phone, Work Phone, Cell Phone, E-Mail

Please choose one: Ms. Mrs. Mr. Dr. Rabbi
Parent's Name, Address, City, State, Zip, Employer/College Attending, Home Phone, Work Phone, Cell Phone, E-Mail

If this pertains: Parents Separated: Yes No, Parents Divorced: Yes No, Custody: Joint Sole (indicate which parent)

If the school cannot contact a parent, please name a friend or relative that is a licensed driver and has access to a vehicle who may pick up your child(ren) if they become ill and need to leave.

Contact Person	Relationship	Address	Telephone
1.	_____	_____	Home: _____ Work: _____ Cell: _____ Pager: _____
2.	_____	_____	Home: _____ Work: _____ Cell: _____ Pager: _____

Although the recommendations of the parent will be respected as far as possible, I understand that in the final disposition of an emergency, the school will act in the parent's absence.

Parent's Name (printed): _____

Parent's Signature: _____ Date: _____