

THE BESSIE HERSHEY RELIGIOUS SCHOOL OF B'NAI JESHURUN CONGREGATION

**MEDICAL and EMERGENCY INFORMATION
STUDENT PROFILE and PERMISSIONS
2010-2011**

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY FOR EACH STUDENT.
WE MUST HAVE NEW FORMS EVERY YEAR.**

Child's Complete Name _____	Grade _____
Home Phone () _____	
Home Address _____	City/Zip _____
Mother's Cell Phone # () _____	Mother's Work # () _____
Father's Cell Phone # () _____	Father's Work # () _____
Family Physician's Name _____	Phone () _____
Family Dentist's Name _____	Phone () _____
Person to contact if unable to reach parent (s) _____	
Relationship _____	Home Phone # () _____
	Work Phone # () _____

I/We, _____ hereby grant permission to _____
Hospital and the Emergency Room Physician to administer any emergency treatment deemed necessary. This
authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the ne-
cessity for such surgery, are obtained prior to the performance of such surgery.

_____ (Emergency person to contact if unable to reach parents)
(Name) (Phone #)
has the authority to give additional instructions and consents if parents cannot be reached.

CHILD'S MEDICAL HISTORY

Allergies (if any) _____

Medications taken on a regular basis _____ for _____

Chronic Illnesses or Conditions _____

Any additional facts to which a physician/dentist should be alerted _____

STUDENT PROFILE QUESTIONNAIRE

Below you will find questions that will help us better understand and plan for your child. All information given is strictly confidential.

Weekday school your child attends: _____

If your child is new to our school, please indicate your child's general skill level in reading Hebrew and give any additional comments as needed.

___ No background ___ Knows some letters/sounds ___ "Sounds out" words ___ Reads sentences

Comments: _____

(OVER)



Describe your child's learning strengths (i.e. reading, writing, math, the Arts, how they learn best).

Is your child involved in any sport, and if so, which one (s)? _____

Does your child play an instrument, and if so, which one (s)? _____

What hobbies does your child have? _____

Describe any learning and/or behavioral difficulties your child might have (including reading, writing, attention, listening comprehension, adjusting to new situations, physical activity level, following directions, etc.)

In general, describe your child's feelings about his/her Religious School experiences.

FIELD TRIP WAIVER

I/We _____ (Parent/Guardian), give permission for _____ (Student) to participate in all school sponsored field trips from September, 2010 through May, 2011. In case of emergency, and in the event that reasonable attempts to contact me/us at the phone numbers listed above have been unsuccessful I/We hereby give my/our consent for: 1) the administration of any treatment deemed necessary by the physician or dentist named above, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of my/our child to _____ (preferred hospital), or any other hospital that is reasonably accessible.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____