



Congregation Kol Ami Religious School

Medical Information Form

2008-2009

In order for your child/ren to be officially enrolled in the Religious School, this form **must** be completed in full for **each** child and returned with your registration forms.

I. Physician / Dentist Contact

Student's Name: _____ Birth date _____

Name of Physician: _____ Phone: _____

Address (street, city, zip): _____

Name of Dentist: _____ Phone: _____

Address (street, city, zip): _____

Allergies / Food Sensitivities: _____

Medications being taken on a regular basis: _____

II. Emergency Contacts

Emergency Contact information:

Name _____ Relationship _____

E-mail address _____

Home Phone _____ Work Phone _____

Mobile Phone _____ (required)

Name _____ Relationship _____

E-mail address _____

Home Phone _____ Work Phone _____

Mobile Phone _____ (required)

(Continued on other side)



III. Insurance Information

Insurance Carrier _____

Policy number _____ Group # _____

Primary Policyholder's Name _____

IV. Medical Release

I/We hereby give permission for the above named child to be given emergency care as administered or authorized or directed by an adult person acting on behalf of Congregation Kol Ami Religious School. Such care may include x-ray examination, rendered to said minor under the supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medicine Practice Act; and x-ray examination, anesthetic, dental or surgical diagnosis or treatment or hospital care to be rendered to said minor by dentist licensed under the Dental Practice Act, all pursuant to the Civil Code Section 25.8.

I /We understand that every attempt will be made to reach the child's parent, guardian, or physician prior to above treatment.

I/We will assume financial responsibility for any and all treatment rendered under these circumstances.

Parents and/or guardians agree to indemnify and to hold Congregation Kol Ami harmless from any and all claims for medical expenses or treatment arising from attendance at the Congregation Kol Ami Religious School or activities.

Signature of Parent or Guardian _____

Date _____

