



# Soille San Diego Hebrew Day School

*Jewish Learning for Successful Living*

## Shadow Day Emergency Information Form

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**This form must be completed and returned to the Director of Enrollment prior to the student's Shadow Day**

**Student's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

Address, if different than above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

Address, if different than above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Student resides with:  Mother and Father  Mother  Father  Guardian

Primary parent to contact in an emergency: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency contact when parent is unavailable:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

Other Medical Information We Should Know: \_\_\_\_\_

**Release:**

In the event that a parent cannot be reached, I hereby give permission to the Soille San Diego Hebrew Day School to obtain emergency medical treatment for the above named child, including x-rays and to release information pertaining to my child's health record diagnosis, condition or health history, including any subsequent diagnosis which could supplement this form. This information may be released by a properly authorized representative of the school responsible for my child during periods of time when the school nurse is unavailable or, when the student is away from school (i.e. during field trips, sporting events). I agree that I am responsible for the cost of such medical treatment.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Soille San Diego Hebrew Day School has my permission to give acetaminophen with the discretion to the above named child, as designated in the SSDHDS Medical Standing Orders.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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