

Downtown Jewish Preschool

#2 MEDICAL & TRANSPORT INFORMATION



I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted:

Doctor: _____ Phone: _____

Address: _____

Hospital Preference: _____

ALLERGIES:

Please list any allergies, special diet, medical needs or other physical areas of concern:

MEDICAL INSURANCE:

Insurance policy: _____ Membership ID: _____

EMERGENCY CONTACTS & CHILD RELEASE:

Child will be released only to the custodial parent or legal guardian and the people listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if some reason, the custodial parent or legal guardian cannot be reached.

Please share with us a **PASSWORD** that will be used when someone other than the legal guardian or anyone from the approved list below will be transporting your child to and from school.

Password: _____

The following people have permission to transport my child to and from DJP:

Name: _____ Cell phone: _____

Email: _____ Relationship to child: _____

Name: _____ Cell phone: _____

Email: _____ Relationship to child: _____

Name: _____ Cell phone: _____

Email: _____ Relationship to child: _____

Name: _____ Cell phone: _____

Email: _____ Relationship to child: _____

I am aware that it is my responsibility to update the office of any changes to this form.

Signature: _____ Date : _____