



Emergency Information/Permission/Pick-Up Authorization

Gan Ami 2022-2023

Child's Name: _____ Date of Birth _____

Address: _____

Classroom: _____ Start date: _____

Allergies/Medical Information/Dietary Restrictions: _____

Permission to post allergies/medical information/dietary restrictions in the classroom

Yes: _____ No: _____

Pediatrician: _____ Phone: _____

Parent/Guardian: _____ Work #: _____ Cell #: _____

Parent/Guardian: _____ Work #: _____ Cell #: _____

Email: _____ Email: _____

Local Emergency Contact: _____ Phone: _____

Local Emergency Contact: _____ Phone: _____

I give permission for the staff of the Jewish Community Center to seek medical attention for my (our) child in case of an emergency in the event I cannot be reached.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

I hereby authorize the following people to pick up my child from Gan Ami

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Signed: _____ **Date:** _____