



**Emergency Information/Permission/Pick-Up Authorization**

**Gan Ami 2025-2026**

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

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

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

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

Name: \_\_\_\_\_ 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_