Oak Park Temple Religious School
2009-2010 Medical / Emergency Enrollment Form

Please complete this form for each child you are registering. we need a new emergency form for each child every year.

Name of child registered in Oak Park Temple religious school:

Birthday: 2009-2010 grade level:

Parents		
Address:	Home phone:	
Primary parent contact:	Work phone:	Cell phone:
Secondary parent contact:	Work phone:	Cell phone:

Do you want to be kept up to date on religious school news via e-mail? yes no
(This is a separate e-mail list from the Oak park Temple list serve and will be used only for religious school communications)
If yes, please provide e-mail address, (even if you have provided this information in previous years).

Primary e-mail: Secondary e-mail:

Please answer the following questions completely. This form is kept on file in the office and will be shared with your child's teacher.
Does your child have any special needs or situations that we should know about? Please specify. Note the additional, confidential form regarding IEP students in this packet.

Medical Information

Does your child have any allergies? Please specify:

Does your child have asthma or an asthmatic reaction to allergens? How severe?

If your child has severe allergies, please provide specific directions for the classroom teacher. Detail items your child must avoid.

What are the symptoms of allergic reaction to watch for in your child? What should be done if your child begins to exhibit these reactions?

Are there any other medical conditions, procedures or precautions that we need to know about? Please specify.

Please provide an emergency contact:

Name	Phone/s	Relationship

Name of your child's doctor *phone*

Do you give permission for emergency treatment to be administered to your child even if parents or doctor cannot be reached?

yes no

Parent signature / date Parent signature / date