

STUDENT INFORMATION & PERMISSION SLIP 2018-2019

Student Information: Grade _____ Age _____ Birth Date _____

Please complete all information and update as needed. Star() preferred phone and email for 1st contact*

	Student Information	Mother Information	Father Information
Full Name			
Full Home Address			
E-Mail Address	<i>Student e-mail is Mandatory</i>		
Home Phone			
Work Phone			
Cell Phone	<i>Student Cell Number is Mandatory</i>		
Best emergency contact mode during school hours >>> (e.g., work phone)			
	Emergency Contact (1) (other than parents or hosts - required for ALL students)	Emergency Contact (2) Information	Local Host Information (if applicable)
Full Name(s)			
Full Home Address			
Relationship to Student			
E-Mail Address			
Home Phone			
Work Phone			
Cell Phone			
Best emergency contact mode during school hrs.			

Please check all approved items and sign below:

I give permission for my child to do the following during the school year (please check):

1. ____ Go on all school-conducted field trips of YGW. (A “field trip” refers to any off-campus excursion by one or more students with one or more YGW staff members or other adult chaperone designated by YGW.)
2. ____ Leave school grounds without adult supervision, when authorized by an administrator, during lunch, recess, or other free period.
3. ____ Ride in personal automobiles driven by an adult staff member of YGW or any other adult designated by YGW.
4. ____ Ride in personal automobiles driven by a YGW student for field trips or when otherwise authorized by an administrator to leave school grounds.

Signature of Parent or Legal Guardian _____ **Date** _____

Yeshiva of Greater Washington – Tiferes Gedaliah

MEDICAL INFORMATION AND RELEASE

In the event that I cannot be reached in an emergency, I hereby give permission to YGW to transport or arrange for transportation for my child, _____, to an emergency medical facility. In such an event, I hereby give permission for my child named above to be given emergency treatment at the hospital, which may include but is not limited to blood tests, x-rays, emergency anesthesia or other necessary medications, and/or emergency surgery if necessary to preserve life or a limb. *THIS FORM MAY BE PHOTOCOPIED FOR USE OUT OF SCHOOL.*

Signature of Parent or Legal Guardian _____

Print name _____ **Date** _____

Physician _____ Phone _____

Dentist _____ Phone _____

Insurance Company _____

Insurance Phone _____ Subscriber _____

Policy Number _____ Group Number _____

STUDENT MEDICAL INFORMATION

Allergies (to medications and otherwise) _____

Other Medical Conditions (diabetes, asthma, breathing problems, mental health, etc.) _____

Current Medications and Dosage _____

Other Pertinent Medical Information _____

Date of Last Tetanus Shot: _____