



WASHINGTON HEBREW CONGREGATION RELIGIOUS SCHOOL

Emergency & Confidential Information

11810 Falls Road, Potomac, MD 20854 & 3935 Macomb Street NW, Washington, DC 20016

Student Name: _____ Entering Grade: _____

New Student

Returning Student

- The Religious School has my permission to call my family physician in an emergency when I cannot be contacted, and he/she my render treatment necessary for the well being of my child.

Physician's Name: _____ Phone Number: _____

If neither my physician nor I may be reached in an emergency, the Religious School has my permission to take my child to the closest emergency room, and the hospital and its medical staff have my permission to provide treatment necessary for the well-being of my child.

Parent's Signature: _____ Date: _____

Please note that this section will only be shared with proper personnel in order to best assist your child in school.

- Does your child have any conditions that may adversely affect his/her education experience?
(for example:) () Visual () Hearing () Speech-Language () Emotional () ADD () ADHD

Please explain:

Is he/she receiving services in or outside of school for these conditions? _____

Is your child on any prescribed medication? If yes, please specify:

Will your child need this medication to create a more positive Religious School?

- Please check the following as appropriate:

I authorize the Religious School to distribute this for to my child's teacher.

I do not wish this form distributed to my child's teacher.

My child has permission to attend field trips with the Religious School, which may involve bus transportation. I understand that notification of each field trip will be made prior to the trip.

I do not wish my child to be included in the Religious School directory or class publications.

- My child's Religious School experience will be greatly enhanced if he/she were allowed to be with a friend in at least one of his/her classes. **Please note that every effort will be made to fulfill these requests that are made by the registration deadline of May 1st.**

Children's Names: 1. _____ 2. _____

Parent's Signature: _____ Date: _____