



# Bnos Rabbeinu High School

## Emergency Information

English Name:

Hebrew Name:

Home Address:

Date of Birth:  (mm/dd/yyyy) Home phone:

Mother's cell phone:  Father's cell phone:

Mother's business phone:  Father's business phone:

Mother's name:  Father's name:

Alternate Contacts if parents can't be reached:

Name:  Relationship:

Phone:  Cell:

Name:  Relationship:

Phone:  Cell:

Physician:  Phone:

Dentist:  Phone:

Medical insurance information:

Insurance co:	<input type="text"/>		
Insurance plan:	<input type="text"/>	Group:	<input type="text"/>
Member ID:	<input type="text"/>	Effective date:	<input type="text"/>
Member name:	<input type="text"/>		

Any medical conditions, allergies, etc:



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## Permission Information

### Medical Permission

In the event of an emergency ח"ו, and I am not able to be reached, I give permission to the representatives of Bnos Rabbeinu High School to secure proper medical treatment for my daughter  and I will not hold Bnos Rabbeinu liable.

\_\_\_\_\_  
Signature of parent

Print name

Date

**IMPORTANT: Please remember that we must have a copy of both sides of your medical insurance card!**

### Other Permission

My daughter DOES DOES NOT have permission to leave school during lunch

My daughter DOES DOES NOT have permission to take Tylenol/Advil during school.

My daughter DOES DOES NOT have permission to travel by car with a female driver aged 16-18.

\_\_\_\_\_  
Signature of parent

Date: