



**NEW ENGLAND
ACADEMY OF TORAH**

Emergency Information Sheet

PLEASE PRINT CLEARLY

Child's Name: _____ Hebrew name: _____

Age: _____ DOB: _____ Grade: _____

Parents' Names: _____

Address: _____

Home phone number: _____

Cell phone numbers: Mother: _____ Father: _____

Father employer: _____

Work number: _____

Mother employer: _____

Work number: _____

Allergies: (list all known allergies) _____

Child's Physician: Name: _____ Phone: _____

Address: _____

Date of last tetanus shot: _____

Emergency contacts:

1st Emergency Contact: _____ Phone: _____

2nd Emergency Contact: _____ Phone: _____

Email address: Mother: _____

Father: _____

Insurance Company: _____ Policy Number: _____

Name of Subscriber: _____ Subscriber DOB: _____

I DO allow my daughter to take over-the-counter medications for pain/discomfort, fever, cough, congestion, skin rashes, cuts/abrasions, etc.

I DO NOT allow my daughter to take over-the-counter medications for pain/discomfort, fever, cough, congestion, skin rashes, cuts/abrasions, etc.

Parent Signature: _____ Date: _____