



**HILLEL COMMUNITY DAY SCHOOL
EMERGENCY HEALTH INFORMATION FORM 2025-2026**

Dear Parents/Guardians,

We update our cumulative record files and Health Office data annually. **Please complete both sides of this information card, sign it and return it to the main office by August 18th. This information is critical for us to be able to care for your child(ren) in an emergency and assure their file will be accurate for first responders.**

1. Child's Name _____ DOB ____/____/____ M /F (Choose One)
Child's M.D.: _____ Phone: _____
Child's Dentist: _____ Phone: _____
Child's Orthodontist: _____ Phone: _____

Health History for the past year:

Surgical/Medical: _____ Allergies: _____

2. Child's Name _____ DOB ____/____/____ M /F (Choose One)
Child's M.D.: _____ Phone: _____
Child's Dentist: _____ Phone: _____
Child's Orthodontist: _____ Phone: _____

Health History for the past year:

Surgical/Medical: _____ Allergies: _____

3. Child's Name _____ DOB ____/____/____ M /F (Choose One)
Child's M.D.: _____ Phone: _____
Child's Dentist: _____ Phone: _____
Child's Orthodontist: _____ Phone: _____

Health History for the past year:

Surgical/Medical: _____ Allergies: _____

Child(ren)'s Primary Address: _____

Please choose one: Ms. Mrs. Mr. Dr. Rabbi

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer/College Attending: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

Please choose one: Ms. Mrs. Mr. Dr. Rabbi

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer/College Attending: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

If this pertains: Parents Separated: Yes _____ No _____

Parents Divorced: Yes _____ No _____

Custody: Joint _____ Sole _____ (indicate which parent _____)

(Side 1)

(Please turn over to complete side 2)

If the school cannot contact a parent, please name a friend or relative that is a licensed driver and has access to a vehicle who may pick up your child(ren) if they become ill and need to leave.

	Contact Person	Relationship	Address	Telephone
1.	_____	_____	_____	Home: _____ Work: _____ Cell: _____ Pager: _____
2.	_____	_____	_____	Home: _____ Work: _____ Cell: _____ Pager: _____

Although the recommendations of the parent will be respected as far as possible, I understand that in the final disposition of an emergency, the school will act in the parent's absence.

Parent's Name (printed): _____

Parent's Signature: _____ Date: _____