Solomon Schechter Day School of Greater Boston
EMERGENCY INFORMATION

_____
Child(ren)'s Last Name

WELLS AVENUE STUDENTS ONLY

Child's First Name _____ Birthdate _____ Grade _____ Room # _____

Child's First Name _____ Birthdate _____ Grade _____ Room # _____

Home Phone # ( ) _____ E-Mail Address _____

In the event of an emergency, the parents of the above children may be reached at:

Title	Name of Parent	Work Phone	Cell Phone/Beeper
_____	_____	_____	_____
_____	_____	_____	_____

If parents are not available, the following people may make decisions about the children:
(Please include at least one local contact.)

Name	Relationship	Home Phone	Work Phone/Cell Phone/Beeper
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONALLY, THE FOLLOWING PEOPLE ARE AUTHORIZED TO TAKE MY CHILD OUT OF SCHOOL IN CASE OF EMERGENCY:

Name	Relationship	Phone Numbers
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event that the above people cannot be reached, I hereby grant the Headmaster of the Solomon Schechter Day School of Greater Boston or his or her appointed representative authority to authorize emergency medical treatment by physician or nurse, if necessary. I further hereby grant permission to medical personnel, physicians and surgeons, EMTs, first aid stations and medical clinics to provide clinical or x-ray treatment that any attending physician, his/her assistants or medical, clinical or hospital personnel deem in their judgment to be necessary. I further consent to the administration of anesthesia and to the use of such anesthesia as may be deemed desirable. I hereby, for myself and my child and our respective heirs, administrators, successors, and assigns, expressly release, waive and agree to indemnify Solomon Schechter Day School and all of its officers, directors, trustees, agents, servants, administrators, teachers, representatives and employees from any and all claims that my child or I might have arising from any personal or other injury, including death, loss or damage to property, or other loss or harm of any kind that my child might suffer in connection with his or her participation in the school's programs and the administration of emergency medical treatment, including liability for negligence (but not from liability arising from gross negligence or intentional wrongful acts) on the part of the school's officers, directors, trustees, servants, administrators, coaches, teachers, employees, and agents.

Parent's Signature _____ Date _____

Please remember to keep the school informed of any changes to the information on this form during the year.