



Jewish Community Center of Northern Virginia
School-Age Services
Emergency Contact Form 2015-2016



Child's name: _____ Gender: M F Date of Birth: ___/___/___ Present Age: _____

School Name: _____ Rising Grade 2015-2016: _____

Address (please include city, state & zip code):

Guardian 1 Name: _____ Relation to Student: _____ Home Phone _____

Address (if different from children): _____

Work Telephone #: _____ Cell Phone #: _____ Email: _____

Guardian 2 Name: _____ Relation to Student: _____ Home Phone: _____

Address (if different from children): _____

Work Telephone #: _____ Cellphone: _____ Email: _____

Child's Physician's Name: _____ Telephone: _____

Child's allergies (if any): _____

Describe reaction:

Present medical history we should be aware of:

Does your child take any medication on a regular basis? If yes, please note: _____

In the case of an illness or an emergency, we will notify the parent or emergency contact, or the child's physician. If these attempts are unsuccessful, a staff member will take your child to the nearest emergency room. Any expenses incurred will be borne by the child's family, not by the JCCNV. Hospitals require that, except in cases when the doctor feels it is an extreme emergency, a parent must first be reached before children can be treated. Naturally, every effort will be made to reach a parent; but if this is impossible, we need your permission to seek aid for the child.

In case of illness, I will arrange to have my child picked up as soon as possible. In case of emergency, I hereby give permission for my child _____ to be treated by the doctor on duty at the nearest emergency room.

I agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent Signature _____ Date _____

- OVER -



In case of emergency, if parent cannot be reached, contact:
(MUST HAVE TWO LOCAL CONTACTS WITH COMPLETE ADDRESSES)

1. Name: _____ Relationship: _____

E-mail: _____ Phone: _____ Alternate #: _____

Address: _____

2. Name: _____ Relationship: _____

E-mail: _____ Phone: _____ Alt. Phone: _____

Address: _____

In case of a national emergency, we must have an out-of-town contact

3. Name: _____ Relationship: _____

E-mail: _____ Phone: _____ Alternate #: _____

Address: _____

Additional people other than parents/emergency contacts authorized to pick-up child:

1. _____ 2. _____

3. _____ 4. _____

Person(s) specifically **NOT PERMITTED** to pick-up your child?

- I give permission for my child to attend activities, including swim activities, which are held off JCCNV grounds, if applicable. I understand the JCCNV will provide supervision on all trips and that the JCCNV will make every effort possible to ensure the safety of all participants. I am also aware that the JCCNV cannot assume responsibility for any accident or illness going to, from, or during any trip, and therefore release the JCCNV and its agents, servants and employees from any liability for any injury or illness to my child.

Signature of Parent/Guardian

Date

SOCIAL MEDIA/VIDEOGRAPHY/PHOTOGRAPHY WAIVER:

Social Media and Photography Permission:

The Jewish Community Center of Northern Virginia requests permission to take photographs and video documentation of the children in our program for promotional purposes. Please sign below if you give consent for your child's photograph to be used in promotional materials.

Parent/Guardian Signature

Date

