



KULANU

Registration/Health Form (Confidential) Academic Year 2014-15

Student's Name _____ Date of Birth _____ Grade _____ Temple _____

Address _____ High School _____

Student Cell _____ Student Email _____

Custodial Parent(s) or Guardians _____

Home Phone _____ Parent Cell _____ Parent Email _____

Please include our family information in the Kulanu Family Directory. Yes _____ No _____

Medical/Emergency Information

1) Non-Custodial Parent or Emergency Contact _____ 2) Additional Emergency Contact _____

Home Phone _____ Cell _____ Home Phone _____ Cell _____

Physician's Name _____ Phone _____

Insurance Carrier _____ Group ID or Other ID Number _____

PLEASE NOTE ANY MEDICAL, LEARNING AND/OR BEHAVIORAL CONCERNS OF WHICH THE SCHOOL SHOULD BE AWARE: Medical conditions, allergies, medications, physical impairments, learning disabilities, IEP, etc.

MEDICATION(S) MY CHILD IS CURRENTLY TAKING:

CONSENT

Please sign either Part A OR Part B DO NOT SIGN BOTH

A. IF REASONABLE ATTEMPTS TO REACH ME FAIL, I HEREBY GIVE MY CONSENT FOR 1) The administration of any treatment deemed necessary by my preferred physician, Dr. _____ phone number _____, or by my preferred dentist, Dr. _____ phone number _____ and 2) the transfer to my preferred hospital _____, or any hospital reasonably accessible and 3) any treatment deemed necessary under the circumstances.

Signature of Parent or Legal Guardian

Date

OR

B. I DO NOT GIVE MY CONSENT for emergency medical treatment of my child. In the event of illness or injury, I wish the school authorities to: _____

Signature of Parent or Legal Guardian

Date

Special Concerns: If you have any special concerns or would like to discuss anything alluded to above personally and confidentially with the Director of Kulanu - Cincinnati Reform Jewish High School, please indicate your wish for a call.

_____ Yes, I would like to speak confidentially with the Director, Rabbi David Burstein.
I can be reached at the following phone number: (_____) _____