Yeshivas Ohev Shalom

525 S. Fairfax Ave. • Los Angeles, CA 90036 • (818) 461-4312

email: yeshivasohevshalom@gmail.com

www.yeshivasohevshalom.com

Emergency Information

Student's Last Name	First Name	Middle Name
Street		Telephone ( ) –
City	State	Zip
Date of Birth	Gender	Person(s) responsible for the student

Father's name		E-mail Address
Street		
City	State	Zip
Home telephone ( ) –	Business Telephone ( ) –	Cell Phone ( ) –

Mother's name		E-mail Address
Street		
City	State	Zip
Home telephone ( ) –	Business Telephone ( ) –	Cell Phone ( ) –

Additional contact in case of emergency Name	Relationship	
Street		
City	State	Zip
Telephone ( ) –		

Physician	Telephone ( ) –	
Street		
City	State	Zip

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Out of state contact
Name | Relationship

Telephone
( ) –

Please indicate if your child has a preexisting medical condition (explain)

Please indicate if your child has any allergies (e.g. aspirin, bee sting, other medications, etc.)

Please list any prescribed medication your child is currently taking

I, the undersigned, do hereby authorize officials of Yeshivas Ohev Shalom to contact the persons named above, and authorize the above named physician to render treatment as may be deemed necessary in an emergency for the health of my child. In the event that the parents' physician, or other authorized person cannot be contacted, Yeshivas Ohev Shalom is hereby authorized to take whatever action is deemed necessary in their judgement for the health of my child. I will not hold Yeshivas Ohev Shalom financially responsible for the emergency care and/or transportation of my child.

Signature of parent | Date