

**JRC EARLY CHILDHOOD CENTER**

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**EMERGENCY NOTIFICATION FORM**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY OR ILLNESS, PLEASE CALL PARENTS/GUARDIANS IN THE ORDER BELOW:

1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an emergency where no parent/guardian can be reached, I would like the school to call the following emergency contacts (in this order) who can pick up my child from school:

1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

In the event that none of the emergency contacts are immediately available, or in the event emergency treatment is necessary, I authorize JRC staff to take the necessary steps to ensure the safety and well being of my child, and I will be responsible for payment of all emergency medical charges. I also authorize either JRC staff or the paramedics to transport my child in the event of an emergency. The above people listed as emergency contacts are permitted to have access to my child's medical records.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

PHYSICIAN'S NAME: \_\_\_\_\_

Office Location \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**PLEASE ATTACH COPY OF CURRENT INSURANCE CARD**