



TORAH DAY SCHOOL OF HOUSTON

10900 Fondren Road • Houston, Texas 77096 • 713-777-2000 • Fax 713-776-0036 • www.tdshouston.org

MEDICAL/EMERGENCY CONTACT FORM 2010-11

**ALL SHADED AREAS MUST BE FILLED IN
A PARENT/GUARDIAN MUST SIGN & DATE THIS FORM**

Student Name		Grade in 10/11:	<input type="checkbox"/>	English Birthday	
Address				Hebrew Birthday	
City, St, Zip:		Student email:			
Home Phone		Hebrew name			
Father Name		Mother Name			
Work		Work			
Cell		Cell			
Email		Email			

MEDICATION

PARENTS PLEASE NOTE:

IN ACCORDANCE WITH STATE REGULATIONS:

**TORAH DAY SCHOOL DOES NOT DISPENSE ANY MEDICATION (INCLUDING TYLENOL, ADVIL, ETC).
IF YOUR CHILD REQUIRES MEDICATION, IT MUST BE SENT TO THE OFFICE IN THE ORIGINAL BOTTLE,
MARKED WITH THE STUDENTS NAME, TIME AND DOSAGE REQUIRED.**

**Medical Notes/Allergies/
Conditions the school
should be aware of:**

Please list two local friends/relatives who have agreed to assume temporary care of your child if you cannot be reached:

	First Name	Last Name	Home Phone	Cell Phone	Relation
1.					
2.					

If emergency treatment is required and neither parent nor people listed above can be contacted, may the school authorities use their own judgment in sending your child to the hospital, family doctor or other doctor most easily accessible or to make whatever arrangements are necessary? YES NO

Physician

Dr.

Physician Phone:

This form was completed by: _____ Date _____