

**Carole & Marcus Weinstein Jewish Community Center
Kids' Place / Camp Hilbert 2008-2009 Emergency Card**



Child's Name: _____
(last) (first) (nickname)

Birth Date: _____ Home Phone: _____

Address: _____

Parent Info.	MOTHER	FATHER
Name		
Address		
City/State/Zip		
Home Phone		
Place of Employment		
Work Phone		
Cell/pager		
E-mail		

(over)

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(over)

PERSONS AUTHORIZED TO PICK UP CHILD:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

UNDER NO CIRCUMSTANCES WILL THE CHILD BE RELEASED TO ANYONE WITHOUT WRITTEN AUTHORIZATION FROM PARENTS OR LEGAL GUARDIAN

Persons to call in case of Emergency:

Name	Relationship	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Child's Physician _____ **Phone** _____

Signature _____ **Date** _____
(over)

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