

Please complete this form (one per child) prior to the first program your child will attend during the 2017-18 school year and return it to: UJA-JCC Greenwich, Attn: Leah Schechter. Fax: 203-622-1237 | E-mail: Leah@jccgreenwich.org
 Mail: One Holly Hill Lane, Greenwich, CT 06830

UJA-JCC GREENWICH EMERGENCY RECORD 2017-2018

Child's Name _____ Birth Date ____/____/____ Grade (Sept. 2017) _____

Address _____ City _____ State _____ Zip Code _____

Parent/Guardian Name _____

Home Phone _____ Business Phone _____

Cell Phone _____

Parent/Guardian Name _____

Home Phone _____ Business Phone _____

Cell Phone _____

Physician _____ Phone _____

Dentist _____ Phone _____

Orthodontist _____ Phone _____

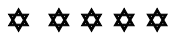
Allergies _____

Medications taken regularly _____

Health Insurance Carrier & Member # _____

In consideration of services provided to my child, I release UJA-JCC Greenwich and their respective officers, directors, employees and volunteers, from any and all claims that may arise as a result of any injury, loss or damages incurred by my child while participating in a UJA-JCC Greenwich program. In the event of any medical emergency or accident, UJA-JCC Greenwich may transport my child by ambulance or private automobile for medical, dental or surgical treatment. I hereby authorize a licensed physician, dentist, other emergency medical personnel or hospital to provide such treatment. I agree to pay any costs associated with such treatment.

Signature _____ Date _____



Emergency Contacts - The following persons are authorized to pick up my child from JCC and UJA events. Please remember to notify these people that they may be contacted by the UJA-JCC Greenwich office.

<u>Name</u>	<u>Relationship</u>	<u>Phone Numbers</u> (home, cell, etc.)
1.		
2.		
3.		