



Emergency Identification Card

Child's Name _____

Home Phone (____) _____

Home Address _____

City _____ Zip _____

Age _____ Date of Birth _____ Gender _____

Parent/Guardian Name _____

Home # (____) _____ Work # (____) _____

Cell # (____) _____ Pager # (____) _____

Address Same as child's Other _____

E-mail for Merage JCC mailings _____

Other contact e-mail _____

Employer _____ City _____

Parent/Guardian Name _____

Home # (____) _____ Work # (____) _____

Cell # (____) _____ Pager # (____) _____

Address Same as child's Other _____

E-mail for Merage JCC mailings _____

Other contact e-mail _____

Employer _____ City _____

Friend/Relative (living close to the Merage JCC in case of emergency)

Name _____ Relationship _____

Home # (____) _____ Cell # (____) _____

Address _____

City _____ State _____ Zip _____

In the event of an emergency and the telephone lines are interrupted, please provide the name and phone number of someone who lives out of state, not on the west coast, so family information can be relayed to you.

Name _____

Relationship to Child _____

City _____ State _____ Zip _____

Phone (____) _____

PICK-UP PERMISSION LIST

It is ECLC policy that children may only leave the building with adults who have been authorized in writing in advance by the child's parent(s). Photo identification of individuals picking up your child will be checked if faculty does not recognize the person.

I give permission for my child, _____, to be picked up from the ECLC program by:

NAME (please print)

PHONE (required)

Parent/Guardian Signature _____ Date _____

MEDICAL TREATMENT:

Waiver: PARENTS/Guardians: You are asked to sign this Waiver so that your child may engage in activities of the Jewish Community Center ("JCC"). Any alteration, addition or deletion to this form will nullify this waiver.

The JCC deems these activities to be worthy for children, but, does not require them. These activities are voluntary, and a signed Waiver Form is one of the conditions before participation.

We, the undersigned, parent/s or guardian/s of _____, a minor, do hereby authorize the JCC, its agents and employees, to act as agent/s for the undersigned in the event of any illness, injury or physical complaint of whatever nature or severity, to consent to any medical or surgical diagnosis or treatment and hospital care for said minor which is deemed advisable by any licensed health care provider.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent/s to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned health care provider in the exercise of his/her best judgment may deem advisable, pursuant to the provisions of Section 25.8 of the Civic Code of the State of California.

In consideration of the activities afforded this child by the JCC, I hereby permit said child to participate in Center activities for which she/he is registered. I hereby release the said JCC and its participating members and employees from any liability whatsoever to the undersigned resulting from, or in any manner arising out of any injury or damage which may be sustained by the said child on account of his/her participation in said activities, or in the transportation in connection therewith.

I further agree that, in case any action is brought against the JCC, its participating members or employees, for or on behalf of the aforementioned child or on account of any injury during his/her participation in the above - mentioned activities, I will indemnify them and hold them harmless.

This authorization shall remain effective so long as the undersigned is a participant in the JCC, unless sooner revoked in writing and delivered to said agent/s.

Parent/Guardian Signature _____

Date _____

IF THERE IS ANYTHING YOU WOULD WANT EMERGENCY ROOM PERSONNEL TO BE AWARE OF (i.e. medicine, allergy), PLEASE NOTE BELOW:

PERMISSION TO RELEASE PHOTOGRAPHS OF MY CHILD:

I give my permission for _____ to be photographed and / or videotaped by local news organizations approved by and accompanied by the Director of the Center for purposes of advertising, public relations, and family enrichment. **Please Note:** The JCC reserves the right to use photographs and videos taken at the JCC Early Childhood Learning Center for display and promotional purposes.

Parent/Guardian Signature _____

NUT-FREE SCHOOL:

Knowing that children share food, and as a courtesy to those children who may have a serious allergy to nuts and nut products, I will not send my child to school with snacks, lunch, or treats containing peanut butter or nuts on the content label.

Parent/Guardian Signature _____

Does your child have any physical disabilities, limitations, or restrictions? Please explain:

Does your child require any special medication while at the JCC Early Childhood Learning Center?

- No
- Yes, Please send me a medication authorization form to be signed by my child's physician.

Does your child have any history of the following: (if so, please explain)

- Allergies _____
- Asthma _____
- Diabetes _____
- ADD/ADHD _____