



## Jstage Emergency Form

Please fill out one form per child.

Child's Name \_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child's Phone \_\_\_\_\_ Child's E-mail \_\_\_\_\_

**Parent 1** \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Phone (cell) \_\_\_\_\_ E-mail \_\_\_\_\_

**Parent 2** \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Phone (cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Child lives with? \_\_\_\_\_

JCC Member?  Yes  No Would you like membership information?  Yes  No

### EMERGENCY PROCEDURES

In case of emergency, the following person can be contacted if parents are not available:

Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Phone (cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Names of persons to whom child(ren) can be released: \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Special Medical Concerns/Physical Limitations: \_\_\_\_\_

### PARENT'S MEDICAL AUTHORIZATION

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the JCC to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child(ren) as named above.

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

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

### PARENT'S CUSTODY AUTHORIZATION

Children will be released to either parent unless we are notified with proper documentation to do otherwise. We cannot withhold a child from a parent unless this procedure is followed. Please complete the questions below and attach copies of your documents. Thank you for your cooperation.

The following people have restricted access to my children \_\_\_\_\_

Explanation of restriction \_\_\_\_\_

Documents attached (please list with expiration dates) \_\_\_\_\_

### PHOTOGRAPH CONSENT

I give permission to the JCC to use my name, family member's name, and photographs in brochures, newspapers, broadcasts, telecasts, and any other form of communication.

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