



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, social media and any other form of communication.

Signature of Parent/Guardian _____ Date _____