

EMERGENCY RECORD 2016-2017

Child's Name _____ Birth Date ____/____/____ Grade (Sept. 2016) _____

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 JCC Greenwich, Inc. ("JCC") and UJA/Federation of Greenwich, Inc. ("UJA"), 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 JCC or UJA program. In the event of any medical emergency or accident, JCC and/or UJA 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.

I grant JCC and UJA and its representatives and employees the right to take photographs of me and my property in connection with events that I attend and participate. I authorize JCC and UJA, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that JCC and UJA may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

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 JCC or UJA office.

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