



DESERT
JEWISH
ACADEMY

Desert Jewish Academy
2020 – 2021 Academic Year

Student Name:

Student DOB:

Student Grade:

Contact Information

(Please Print)

Part 1: Household Information:

Street:		
Apartment, building, suite, unit, floor:		
City:	State:	Zip Code:

Part 2: Parent and Guardian Information:

Parent/Guardian 1	Parent/Guardian 2
Full Name:	Full Name:
Relationship to Student:	Relationship to Student:
Best Phone:	Best Phone:
E-Mail Address:	E-Mail Address:

Who is the best to contact during school hours?	Email <input type="checkbox"/>	Phone <input type="checkbox"/>
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Part 3: Authorized Emergency/Non-Emergency Contacts:

I give the person(s) listed below permission to pick up my child in any case of emergency or illness. Anyone listed below must be 18 years of age. Students will not be released to anyone not on the emergency card. Anyone else wishing to pick up your child must present written verification from the parent and must have Identification. I also allow this person to be contacted for all non-emergency situations if the parent/guardians can't be reached.	<hr/> (initial)
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Contact 1	Contact 2
Full Name:	Full Name:
Relationship to Student:	Relationship to Student:
Best Phone:	Best Phone:
E-Mail Address:	E-Mail Address:



Student Name:
Student DOB:
Student Grade:

Emergency Health and Medical History
(Please Print)

Part 4: Health Conditions

My child has a special health condition/medical diagnosis:	
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:

My child has allergies to certain foods and/or insects.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:

My child or the office carries an emergency medication (i.e. inhaler, epipen, etc.).	
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:

Preferred Hospital in case of Emergency:	
Hospital of Choice	
Doctor's Name	
Doctor's Number	

Parent Signature: _____ Date: _____

Part 5: Do NOT release my child to: (please print clearly)

Please **DO NOT RELEASE MY CHILD TO THE PERSON(S) LISTED BELOW:**

Please list full names and provide the school with court orders or restriction orders (unless already on file):

Full Name: _____ Age: _____

Full Name: _____ Age: _____