



Children's Emergency Information

PLEASE PRINT

Child's Name: _____ Hebrew Name: _____

Age: _____ D. O. B. _____ Grade: _____
mm/dd/year

Child's Physician: _____ Phone: _____

General Medical History: _____

Date of Last Tetanus Shot: _____ Any Known Allergies: _____
List all that apply

May Tylenol/Ibuprofen be given if needed? Yes _____ No _____ Cough Syrup? Yes _____ No _____

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If you have any additional information which we should be aware of, feel free to use the back of this page.