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Beneficiary of **United Jewish Appeal**

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Consent for Emergency Treatment

I understand that in the event of sudden illness or accidental injury, every effort will be made to reach me. Should I be unavailable, you are authorized to contact my child's physician listed below. If the following physician cannot be reached, I give permission for my child to be transported by ambulance to the closest emergency ward of a hospital in case of illness or injury requires immediate medical attention.

Child's Name _____

Parent's Name _____

Mother's Home Telephone # _____ Work # _____

Cell # _____ email _____

Father's Home Telephone # _____ Work # _____

Cell # _____ email _____

Medical Allergies _____

Doctor _____ Telephone # _____

Address _____

Two Adults that could help in an emergency situation. Please name people close to home or school.

1. Name _____ Telephone # _____

Relationship to child _____

2. Name _____ Telephone # _____

Relationship to child _____

What can we do to make your child more comfortable in an emergency situation?

Parent's Signature _____ Date: _____