



## Emergency Information

Family name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ relationship: \_\_\_\_\_

Address: \_\_\_\_\_ phone: \_\_\_\_\_ cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby give permission to Menucha, Inc. to obtain medical care for my child in the event of an emergency.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_