



### Emergency Contact Information

We would like to know where you can be reached while you and your child are in Israel.

Participant's Name \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Parent 1 Phone in Israel \_\_\_\_\_ Parent 2 Phone in Israel \_\_\_\_\_

In the event of an emergency, if I/we cannot be reached, I authorize:

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

to act on my behalf and take responsibility for my child.

The name, address, and phone number of the participant's physician is:

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date