



Emergency Contact Information

We would like to know where you can be reached while your child is in Israel. If you plan to be on vacation during this time, please give us the address and phone number there as well.

Participant's Name _____

Name of Parent/Guardian _____

Occupation _____

Home Phone (____) _____ Business Phone (____) _____

If you will be away during this time, please list the dates of travel, address, and phone number where you can be reached.

Dates _____ Address _____

Phone (____) _____ City/State _____

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

Name _____ Address _____

City/State _____ Relationship to Participant _____

Home Phone (____) _____ Business Phone (____) _____

Name _____ Address _____

City/State _____ Relationship to Participant _____

Home Phone (____) _____ Business 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