



## 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