



Providing the Finest Quality Special Education in a Jewish Day School Setting

EMERGENCY CONTACT INFORMATION 2024-2025

Student Last Name: _____ Student First Name: _____

Grade: _____ Birthdate: _____

Parent 1 (Mother Father): First/Last Name: _____

Parent 1 Cell Phone: _____ Work Phone: _____

Parent 2 (Mother Father): First/Last Name: _____

Parent Cell Phone: _____ Work Phone: _____

EMERGENCY INFORMATION

Child's Doctor: _____ Telephone: () _____

Child's Dentist: _____ Telephone: () _____

Medications: _____

Allergies: _____

Other Medical Considerations: _____

EMERGENCY CONTACTS:

1. Emergency Contact First/Last Name: _____

1. Emergency Contact Relationship: _____

1. Emergency Contact Phone Number: _____

2. Emergency Contact First/Last Name: _____

2. Emergency Contact Relationship: _____

2. Emergency Contact Phone Number: _____

3. Emergency Contact First/Last Name: _____

3. Emergency Contact Relationship: _____

3. Emergency Contact Phone Number: _____

Please complete Carpool pick-up information on other side

KESHER L.D., INC.

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