

CONFIDENTIAL

**Emergency Contact Authorization
Missing Person's Contact Form**

In case of emergency, it may be critical for the Yeshiva to have this information on file.

You have the right but no obligation to provide Be'er Yaakov with Emergency Contact Information. If you choose not to provide the Emergency Contact Information to the Yeshiva, we may be unable to properly assist in an emergency.

Student Information

Last Name: _____

First Name: _____

Social Security Number: ***-**-_____

Telephone: _____

In the event that I am reported missing, I hereby authorize the Yeshiva to contact the following people:

Parents' Contact Information

Father's Name: _____

Mother's Name: _____

Emergency Day Phone _____

Emergency Day Phone _____

Emergency Night Phone _____

Emergency Night Phone _____

Emergency Cell Phone _____

Emergency Cell Phone _____

Address: _____

Alternate Emergency Contact Information

Name _____

Relationship to Student _____

Emergency Day Phone _____

Emergency Night Phone _____

Emergency Cell Phone _____

Address _____

In the event that the Yeshiva has a health, safety or other emergency concern relating to my well-being, I authorize Be'er Yaakov to notify the above contacts.

This authorization will remain in effect until the earlier of the date I rescind the form in writing or the date I have formally withdrawn from enrollment at Be'er Yaakov.

Signature: _____

Date: _____