



# TEMPLE B'NAI TIKVAH SHABBAT SCHOOL

900 - 47 Avenue SW, Calgary AB, T2S 3C8  
Tel: 403-252-1654 · Fax: 403-252-1709 · office@bnaitikvah.ca

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## EMERGENCY INFORMATION FORM 2008-09

Child's surname \_\_\_\_\_ Given names \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Saturday morning contact number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

Allergies:

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Any other relevant information: (including special needs or learning disabilities)

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