

**BETH ISRAEL  
COHEN FAMILY RELIGIOUS SCHOOL**

**SAFETY CARD  
2026-2027 School Year**

385 Pottstown Pike, P.O. Box 678 Eagle, PA 19480 610-458-8550

**PLEASE PRINT NEATLY**

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

**Parent #1:**

Name \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Parent #2:**

Name \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

I give permission for the following people to pick up my child in the event of an evacuation emergency:

Name \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Name \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Name \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

My child has the following allergies: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_