

Congregation B'nai Israel • Keshet Program
Medical & Field Trip Information & Release 2011-2012

Please indicate any/all specific medical and/or psychiatric conditions including asthma, allergies, depression, and/or dietary restrictions. All information is strictly confidential (on file in office and with teacher).

STUDENT NAME: _____

Is your teen taking any medication? yes no Name, Dosage, and What condition: _____

Special medical needs? _____

STUDENT NAME: _____

Is your teen taking any medication? yes no Name, Dosage, and What condition: _____

Special medical needs? _____

EMERGENCY CONTACTS: One of the following people will be notified if both parents are unreachable.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

MEDICAL AND INSURANCE INFORMATION:

Doctor Name: _____

Dentist Name: _____

City: _____

City: _____

Phone: _____

Phone: _____

Medical Insurance: _____

Policy Number: _____

PARENTAL AGREEMENT AND RELEASE

I approve of the above registration for my teen(s). I understand that the Keshet Coordinator, the Director of Lifelong Jewish Learning or another member of the temple staff will contact me in case of emergency. If I am going to be out of town, I will provide information as to how I can be reached in case of an emergency. I hereby grant permission for my teen to be treated by qualified medical authorities as necessary, and I give permission to the Director to hospitalize, secure proper treatment, order injection, anesthesia or surgery for my teen. I agree that we, our heirs, next of kin, guardians, successors and assigns or any other representative of ours will not sue, claim against, attach the property of or prosecute Congregation B'nai Israel or any of its directors, officers, agents and employees, and all affiliated entities for loss of property, injury, harm, accident, illness, loss of limb or life, or other personal injury, incapacity, medical cost, expense, damage, claim, liability, howsoever caused, and regardless of whether caused directly or indirectly, by their acts or any other acts, arising out of or in connection with the teen's participation in religious school and activities associated with CBI. The undersigned parent/guardian fully understands that s/he is responsible to pay all costs incurred as a result of the foregoing.

Parent/Guardian name (please print)

Signature

Date

FIELD TRIP RELEASE:

I hereby grant permission for my teen(s) to attend official religious school trips, with the full understanding that the transportation will be provided by bus and/or private car and, further, synagogue staff and parents will supervise those field trips. I also understand that I have the option of attending the Field Trip and the right to transport my own teen. With this understanding, I freely grant permission for my teen(s) to attend and in consideration for these educational services provided by the synagogue hereby waive any and all claims, demands, damages for property damage, personal injury, or otherwise that might result from this activity and any and all actions that might otherwise exist against the synagogue or any of its agents whether due to the active or passive negligence of the synagogue and its staff or arising out of any other wrongful conduct other than intentional acts. This waiver and release is given freely and binding with my full knowledge thereof.

Parent/Guardian name (please print)

Signature

Date

