

Midrasha Emergency Contact and Permission Form 2011 - 2012

Student Information (Please Print):

Name: _____
Last First MI

Date of Birth _____ / _____ / _____ Sex: _____ Male _____ Female

Address: _____

City: _____ Zip: _____ Phone: _____

Student's E-mail Address: _____ Student Cell Phone: _____

Secular School: _____ Grade: _____ Midrasha Grade: _____

Parent Information:

Family's Primary Affiliation: _____ Congregation B'nai Emunah _____ Temple Israel _____ Chabad

Family's Secondary Affiliation: _____ Congregation B'nai Emunah _____ Temple Israel _____ Chabad

Parent 1 (Guardian's) Name: _____

Address: _____

Place of Employment: _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail: _____

Parent 2 (Guardian's) Name: _____

Address: _____

Place of Employment: _____

Home Phone: _____ Cell Phone _____ Work Phone _____

E-mail: _____

If student does not currently live with both parents, with whom does s/he currently live with?

Mail should be sent to: _____ Parent 1 only _____ Parent 2 only _____ Both Parents

Physician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

List any medications or medical conditions we should be aware of: _____

In case of an emergency, if **parents/guardians** cannot be reached, notify (in order of preference):

Name	Relation	Phone(s)
_____	_____	_____

PARENT/GUARDIAN PHOTOGRAPHY AGREEMENT:

In order to publicize Midrasha, we sometimes will use pictures of your kids in our Synagogue/Temple bulletins or on the Synagogue, Temple, or on the Midrasha website. Do you give permission to use your child's photograph only in this capacity?

Please indicate your consent by marking YES OR NO AND INITIAL:

_____ Yes _____ No _____ Initial

TRANSPORTATION AGREEMENT:

During Midrasha we will sometimes have the opportunity to engage in a field trip either for social action, educational purposes, or youth group activities. By initialing below, you are giving permission for your child to attend field trips during Midrasha sponsored youth activities when coordinated with the parents and supervised by the Directors at CBE and TI.

Please indicate your consent by marking YES OR NO AND INITIAL:

_____ Yes _____ No _____ Initial

PARENT/GUARDIAN AGREEMENT TO MEDICAL, DENTAL, OR HOSPITAL CARE

I, _____ (NAME OF PARENT OR GUARDIAN), am the parent or legal guardian of
_____ (NAME OF MINOR hereinafter "my child"), who was born on _____.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment. As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law. If a medical emergency occurs and I cannot be reached, I hereby authorize the person in charge of the Midrasha program to transport my child to the nearest medical facility and/or call an ambulance and/or call my family physician.

SIGNATURE OF PARENT OR GUARDIAN