

Temple Israel of the City of New York
Religious School Permission Slip 2009-2010

I/we give my permission for my/our child:

Student Name Grade to take trips with his/her class this year. I/we understand that the students will be adequately supervised and accompanied by his/her teacher at all times.

Signature or Initials _____ Date: _____

The dismissal time after the trips will usually be the same as regular school dismissal however please note trip times when information about an upcoming trip is sent home in the event that the students return to the Temple later than usual. On trip days students will meet at the Temple and may travel by bus, subway, van or walk as a group to our destination. Following our program, the students will return to the Temple as a group for dismissal. Students will be dismissed according to the "pick up" information we have on file with your registration.

School Activities and Trips Medical Consent Form

Parent #1 Name

Phone: Home Cell Work.....

Doctor Name Doctor Phone

Preferred Hospital Name & Address

City State Zip

Allergies.....

Emergency Contact.....

The Parents(s) and/or guardian hereby give(s) permission for the student to take part in any and all authorized activities of the Religious School, including trips that may be made away from the Temple premises. The Parent(s) or guardian releases the Religious School and Temple Israel and its agents and employees from any liability for any accident in connection with these activities other than as a result of gross negligence of the Religious School or Temple Israel and its employees, and indemnifies the Religious School and Temple Israel from any loss or liability they may incur as a result of any damages or injuries caused by the student.

I/we hereby acknowledge that I/we may not be available to provide consent for medical treatment in the event my/our child becomes sick or is injured while attending the Religious School. In the event that I/we am/are not able to give such consent, I/we hereby authorize representatives of the Temple Israel Religious School to act on my/our behalf with respect to the required medical treatment, decisions and consents, until such time as I/we am/are able to provide them.

I/we hereby notify any qualified medical personnel that this authorization is currently in effect and such personnel are hereby directed to act upon this authorization without delay. I/we understand that every effort will be made by the Religious School or those acting on its behalf to contact parents, student's physician and or the emergency alternative contact number listed herein.

Signature _____
or Initials Parent or Guardian Date

Please complete one form per student