**Congregation Rodef Shalom**

**Madregot Parent Release Form**

Student 1 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_

Student 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_

Student 3 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_

**All Inclusive Parent Release Form**

**Emergency Release**

In the event of an emergency, I hereby give permission to Congregation Rodef Shalom or its agent to hospitalize and/or secure proper treatment for my child(ren) as named in this release form.

**Field Trip Release**

I authorize my child(ren) (listed above) to leave Congregation Rodef Shalom for Field Trips with adequate supervision and advanced notice.

**Photo and/or Video Release Authorization Form**

Photos and/or videos will be taken of students, student activities, etc. Student names will not be used without a separate, signed release.

I authorize the use of photos and videos of my child(ren) (listed above) for but not limited to: news releases, the synagogue website, Facebook, school-related video and slide presentations, marketing purposes, etc.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_