

Temple Beth Torah 2018-2019 Emergency Contact and Release Form

Complete One per Child

Child's Last Name _____ First Name _____ Public School Name & Grade _____

Father's Last Name _____ Father's First Name _____ Father's Cell Phone Number _____

Mother's Last Name _____ Mother's First Name _____ Mother's Cell Phone Number _____

Address _____ Family Phone Number _____

List any additional adults you give permission to pick up your child:

Name 1 _____ Relationship 1 _____ Phone Number 1 _____

Name 2 _____ Relationship 2 _____ Phone Number 2 _____

Emergency Contact Information:

Emergency Person _____ Emergency Address _____ Emergency Phone _____

****** IMPORTANT: IF YOUR CHILD HAS ANY HEALTH OR LEARNING CONCERNS, PLEASE COMPLETE THE CONFIDENTIAL INFORMATION FORM. ******

2018-2019 HEALTH & SAFETY RELEASE

I, the parent/guardian of the minor child, _____ (child's name), being _____ (child's age) years of

age, hereby give permission for the minor child to attend any school activity sponsored by Temple Beth Torah Religious School. I hereby do release and hold harmless Temple Beth Torah and its trustees, agents, officers, servants, and employees against loss (including reasonable attorney's fees) from any and all claims, or causes of action of any kind or nature that may be brought by or on behalf of the said minor child or by me arising out of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof, which may be sustained by the minor or by me, arising out of or in connection with the minor child's participation in this activity, except such liability or claim of liability as may result from gross negligence on the part of Temple Shaarei shalom.

If the minor child should suffer an injury or illness during school time, or on any school related trip, I authorize the employees of Temple Beth Torah to use their discretion to transport or to have the minor child transported to any medical facility and hereby give consent in my absence have the minor child treated at any medical facility, and I take full responsibility for that action.

Signature of Parent or Guardian _____ Date _____

2018-2019 MEDIA RELEASE AND PERMISSION

I hereby give permission to Temple Beth Torah to take and use still photos and video of my child for appropriate media coverage including for the Temple Beth Torah website and Facebook page and for the Lorraine and Jack N. Friedman commission for Jewish Education of the Palm Beaches and other Jewish agencies. **NOTE: If you do not return or sign this form, we will assume agreement to release photos, and other information.**

Child's Name: _____

Check the Appropriate box: I do I Do NOT give my permission for media use.

Signature of Parent or Guardian for Permission _____ Date _____