

**TEMPLE SHALOM'S  
JEWISH LOS ANGELES  
TEEN TOUR  
January 18 – 21, 2019**

**REGISTRATION FORM**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Public/Private School Name & Grade (2018-2019) \_\_\_\_\_

**Legal Guardian information:**

Name of Parent(s)/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City, Zip Code \_\_\_\_\_ Cell Phone (parent #1) \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone (parent #2) \_\_\_\_\_

Work Phone (parent #1) \_\_\_\_\_ Work Phone (parent #2) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In case of emergency, and in the event that I cannot be reached, I authorize Rabbi Sherwood or any representative of Temple Shalom to contact and release the above mentioned minor to:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

## AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR

As the parent/guardian of \_\_\_\_\_, a minor, I do hereby consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital service that may be rendered to said minor under the general or specific instructions of any medical doctor licensed under the medical practice act on the medical staff of a licensed hospital, whether rendered at the office of said medical doctor or at a licensed hospital. Additionally, I give permission for over the counter medications to be administered to my child unless otherwise noted below.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please list any medication that your child takes regularly and describe the condition for which it is prescribed.

\_\_\_\_\_  
\_\_\_\_\_  
(Any medications must in the original container and, if it is a prescription medication, must also include label with child's name.)

List any medical allergies or medical conditions of which a treating physician should be aware \_\_\_\_\_

List any over the counter medicine restrictions \_\_\_\_\_

Date of students most recent Tetanus shot \_\_\_\_\_

Insurance Carrier and Policy number \_\_\_\_\_

Name and phone number of child's physician \_\_\_\_\_

Name and phone number of child's dentist \_\_\_\_\_

## AUTHORIZATION OF PARTICIPATION AND CONSENT TO TRANSPORT A MINOR

As the parent/guardian of \_\_\_\_\_, a minor, I do hereby consent to said minor's participation in the Jewish Los Angeles Teen Trip, sponsored and administered by Temple Shalom of Colorado Springs, CO. Furthermore, I give permission for my child to be transported to any and all activities that may take place during the retreat. This transportation may be by bus, private car, van, train, or any other mode chosen by the retreat leaders. I agree to release and indemnify Temple Shalom of Colorado Springs, CO, as well as Rabbi Jay Sherwood, and any chaperones chosen by the above named congregation and rabbi, and their agent(s), from any and all liability including all claims, damages and attorney fees for any injury and/or harm that may occur in relation to my child's participation in any and all retreat activities, whether or not specified by name in the above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date