

Neve Shalom USY/Kadima/Hanoar Permission Slip/Emergency Contact Form

_____ (Parent's name) does hereby consent and agree to the participation of my child _____ (Child's name) in all activities of the Neve Shalom USY/Kadima/Hanoar Youth Program.

I (the parent or legal guardian) of the applicant state that they are in good/normal health, have no physical or mental handicaps that would interfere with full participation in the program and has my permission to engage in all available activities except as noted under restrictions or modifications below.

I have been made aware of the fact the events in which my child is participating may be photographed, that the photographs taken may be used both for purposes of reporting on the event or for such other use as Neve Shalom USY/Kadima/Hanoar may determine. I have no objection to the pictures taken being used at any time for promotional use. It is my understanding that by signing this document, I consent to the use of the pictures just referred to for any purpose whatsoever.

Parent #1 _____ Cell Phone # _____
Parent#2 _____ Cell Phone # _____
Home Phone # _____

Emergency Contact _____ Phone # _____

Insurance Co. _____ Policy # _____

Current medications(s) or medical treatment _____
Recent illness, injury or surgery _____
Disability, chronic illness or condition _____
Activity restriction or modification _____
Allergies (food, drug, insect or substance) _____

My child's allergies require an EpiPen or AUVI-Q. We keep one at Neve Shalom or we will make sure it is with my child at all meetings and events.

In case of a medical emergency, accident or health problem where immediate treatment is deemed necessary, every effort will be made to expeditiously contact the parent(s) or guardian of the child. In the event they cannot be reached, I hereby give permission to a physician selected by the youth program, its employees, advisors or agents, to hospitalize, secure proper and ongoing treatment and to order injection, anesthesia, or surgery for my child as named above. I am aware that this form may be photocopied for use by medical caregivers.

Signature of Parent or Legal Guardian _____
Print Name: _____ Date: _____