

**Studio@Sherithisrael 2018-2019
Student Information**

One form per child

Student Information			
Student's Full Name			
Home Address			Zip Code
Date of birth			
Student's Email Address			
Name of Secular School			
Parent Information:			
	Parent/Guardian 1	Parent/Guardian 2	
Full Name			
Address			
City, Zip Code			
Home Phone			
Cell Phone			
Work Phone			
Email			
Emergency Contacts: Please list two people who are authorized to take your child in case of emergency.			
Please list 2	Emergency Contact 1	Emergency Contact 2	
Full Name			
Relationship			
Best Phone			
Emergency Medical Release			
Doctor's Name		Doctor's Phone	
Medical Insurance Carrier		Policy Number	
Medical Insurance Phone		Group Number	
<p>I, the undersigned, authorize Congregation Sherith Israel to call a physician or seek emergency treatment necessary for my child, in case of an emergency, and agree to pay all expenses incurred.</p> <p>Parent/Guardian Signature _____ Date _____</p>			
Confidential/ Special Accommodations			
Does your child have any health conditions that we should know about? (food allergies, EpiPen, asthma, etc)			
Does your child have any conditions that may impact his/her education experience? (visual, hearing, speech-language, anxiety, ADD, ADHD, etc)			
Does your child receive any special accommodations in their secular school setting? If yes, please share the materials so that we may better serve your child.			

Consent and Liability Waivers

Promotional Permission

I **DO NOT** wish for Studio@SherithIsrael and associated youth groups and its agents/sponsors to use my child's photograph for future promotions

Directory Inclusion

I **DO NOT** wish to have my contact information printed in the Studio@SherithIsrael directory.

Authorization

1. As parent(s) or legal guardian(s), I hereby give permission for the above named child to be given emergency care as administered or authorized or directed by any person acting on behalf of Congregation Sherith Israel. Such care may include x-ray examination, rendered to said minor under the general supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medicine Practice Act, and x-ray examination, anesthetic, dental, or surgical diagnosis, or treatment, or hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, all pursuant civil Code section 25.8. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the child.
2. I further agree to pay the cost of all such medical or dental services.
3. It is understood that if time and circumstances reasonably permit, Congregation Sherith Israel personnel will try, but not be required, to communicate with me prior to such treatment.
4. I hereby give permission for the above child to leave Sherith Israel's premises with his/her class for a field trip under the supervision of an adult teacher(s). Details of the field trip will be sent home in advance.
5. I hereby give permission for the above child to attend after school youth group events and overnights. I understand that I am required to RSVP for these events no later than two days before the event is to take place.

Signature

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD, AND THE SCHOOL AND ITS EMPLOYEES, OFFICERS, DIRECTORS, VOLUNTEERS, AND AGENTS, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Parent/Guardian Signature _____ Date _____