



## PERMISSION SLIPS

I, (please print name) \_\_\_\_\_ give permission for my child,

(please print child's name) \_\_\_\_\_ to be photographed or otherwise recorded while participating in CHAI or KI activities. These recordings may be published and/or posted in KI or TAA publications (including web-pages), in CHAI newsletters, BJV articles or any other printed or digital material.

Parent's/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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I, (please print name) \_\_\_\_\_ give permission to treat

my/our child, (please print child's name) \_\_\_\_\_ by the physician chosen by the administration of KI and CHAI. I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child/ren and waive my rights to informed consent of treatment. This waiver applies only in the event that neither parent/legal guardian can be reached in the case of an emergency.

Parent's/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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I, (please print name) \_\_\_\_\_ give permission for my child,

(please print child's name) \_\_\_\_\_ to go on educational field trips sponsored by CHAI. I understand that they will travel by bus or private car and will be accompanied by staff or parents. I release Knesset Israel and Temple Anshe Amunim from all responsibility for any injury or damage caused to my child/ren during these activities.

Parent's/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_