

Beth El Hebrew Religious School

2010-11 Release Forms

Student Name: _____

Grade in 2010-11: _____

EMERGENCY ACTION PERMISSION FORM

The school has my permission, in an emergency in which I cannot be reached, to call my family physician. My physician has my permission to provide treatment necessary for the well-being of my child. The school has my permission, in an emergency in which I cannot be reached, to take my child to the emergency room of the nearest hospital. The hospital and its staff have my authorization to provide treatment necessary for the well-being of my child.

Parent's Name _____
(Please print)

Signature of Parent _____

FIELD TRIP PERMISSION

I hereby grant permission for my child _____ to participate in all or any of the field trips for Beth El Hebrew Religious School during the 2010-11 school year. I hereby hold harmless and release Beth El Hebrew Congregation and its representatives and/or agents from all liabilities and any mishaps that may befall said child regarding thereto, including, but not limited to, transportation to and from all activities relating to the field trip.

Parent's Name _____ **Date** _____
(Please print)

Signature of Parent _____

INFORMATION RELEASE FORM

On occasion we receive requests from parents for class rosters so they can contact their children's classmates. Please let us know if we may share your contact information with other Religious School families. We will not share your information with anyone who is not affiliated with Beth El.

I **do** / **do not** (please circle) give Beth El Hebrew Congregation permission to share my contact information with other Religious School families.

I **do** / **do not** (please circle) give permission for my child's picture to be used for publicity purposes by Beth El Hebrew

Parent Name (Print) _____

Parent signature _____