

Please complete a separate form for each child.

General Information			
Student Name:	Hebrew Name (if known):	Birthday:	Grade:
Parent/Guardian Name:	Relationship to Child:	Phone:	Email:
Parent/Guardian Name:	Relationship to Child:	Phone:	Email:
Student Address:	Parent/Guardian Address:		
For new students: has the student attended Sunday school or Hebrew school and how long?			
Individuals authorized to pick-up my child from Congregation B'Nai Israel:			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Emergency Information			
Health Insurance Carrier:	Health Insurance Policy Number:	Physician Name:	Physician Phone:
Dentist Name:	Dentist Phone:	Emergency Room Facility to use if necessary:	
Allergies (Food/Drug):	Medical Conditions:	Medications Taken:	
Person to contact in case of emergency other than parents/guardian:			
Name:	Phone:	Relationship:	
Name:	Phone:	Relationship:	

Consent Treatment Of Minor Child Authorization To B'nai Israel Youth Program

The undersigned, as parent/legal guardian of the student identified on this form, hereby authorizes B'nai Israel Youth Program and its delegated leaders and directors to consent to any medical and/or hospital care to be rendered to said minor upon the advice of a licensed physician. It is understood that if time and circumstances reasonably permit, B'nai Israel will endeavor, but is not required to, communicate with me prior to such treatment. The undersigned further agrees that B'nai Israel and its delegated leaders and directors are not legally or financially liable for any claim arising from any consent that is given in good faith with such diagnosis or advised treatment. This authorization and consent is given in conjunction with any authorized event.

Please explain any special medical conditions that emergency personnel should know prior to treatment:

Parent/Guardian Signature:	Date:	Relationship:
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Consent to Release Photo/Image

Congregation B'Nai Israel has my permission to use my or my child's photograph publically. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

- | | |
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| <input type="checkbox"/> Yes I give consent to release photos/images. | <input type="checkbox"/> No I do not give consent to release photos/images |
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Parent/Guardian Signature:	Date:
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Parent Participation

Please identify the area you will participate in to make a meaningful community and youth program at CBI

<p>Fundraising: 1-2 events per school year to raise money for youth program</p> <p><input type="checkbox"/> Participate</p> <p><input type="checkbox"/> Lead</p>	<p>Social Events/Programs: Activities during the school year to connect families and have fun.</p> <p><input type="checkbox"/> Participate</p> <p><input type="checkbox"/> Lead</p>	<p>Field Trips for Youth Program: Coordinating all details of field trip with site, identifying parent drivers, and communicating to parents play for field trip in advance.</p> <p>Urban Adama (already organized for 10/1/17 in afternoon)</p> <p><input type="checkbox"/> Jewish Museum 1/28/2018</p> <p><input type="checkbox"/> Senior Center 3/18/2018</p> <p><input type="checkbox"/> Mosque (date TBD)</p>
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