

SHOMREI TORAH SYNAGOGUE RELIGIOUS SCHOOL

7353 Valley Circle Blvd., West Hills, CA 91304 (818) 346-6106

5th & 6th Grade Religious School SHABBATON: March 26-27, 2010

Name _____ Telephone _____

Address _____

Parents' names _____

Parents' Cell phone numbers _____

Please list any of your child's dietary restrictions here: _____

PARENTAL CONSENT

I hereby give my son/daughter permission to attend the 5th & 6th grade Shabbaton at Shomrei Torah Synagogue and to participate in the program. I understand that my child will have to adhere to all the rules for the weekend. I understand that one program of the Shabbaton involves leaving the premises of the synagogue to go to the park that is one block away.

Parent's signature

Date

MEDICAL RELEASE

I hereby give permission for my child to participate in the 5th & 6th grade Shabbaton activities at Shomrei Torah Synagogue as planned by the staff. In case of medical and/or surgical emergency, I hereby give permission to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child as named above, after ALL efforts have first been made to contact me.

Emergency Contact Name (other than parent) & Number _____

Medical Insurance _____ Subscriber # _____

Parent's signature

MEDICAL INFORMATION

During registration, all medications must be given to the executive staff present. Please fill out the included medication form and bring it with you to the start of the Shabbaton. The executive staff will ensure proper use of the medications throughout the Shabbaton.

Is your son/daughter allowed to take Children's Tylenol necessary? (yes/no) No other over-the-counter medication will be distributed without contacting the parent first.

Parent's signature