

**Tikvat Israel & Shaare Tefila**

**2010-2011**

**Event Permission Slip**

I hereby release the Youth & Family Programming Department of Tikvat Israel & Shaare Tefila Congregations, Tikvat Israel & Shaare Tefila Congregations, their employees and agents from any liabilities in case of accident or injuries. I understand that due caution, chaperonage and supervision will be provided by the Tikvat Israel/Shaare Tefila Youth & Family Programming Department.

My child(ren) has the following allergies or medical conditions:

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**I will be sending the following medicines with my child(ren).  
All medication must be in the original container and come with clear  
instructions on how and when to administer the medication.**

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In the event that I cannot be reached in an emergency, I hereby give permission for my child(ren), named below, to be treated by a physician or hospital selected by the staff in charge.

Child(ren)'s Names \_\_\_\_\_

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Parent or Guardian \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Plan # \_\_\_\_\_

Individual # \_\_\_\_\_

Please list the name and phone number of a close relative or friend who should be contacted in the event that the parents cannot be reached:

1. \_\_\_\_\_  
Name Relationship Phone

2. \_\_\_\_\_  
Name Relationship Phone

3. \_\_\_\_\_  
Name Relationship Phone

I give my child(ren), \_\_\_\_\_, permission to attend any and all youth group programs and events sponsored by the Tikvat Israe / Shaare Tefila Joint Youth & Family Programming Department and by Tikvat Israel & Shaare Tefila Congregations for the 2009 - 2010 programming year.