

ALLERGY/MEDICATION AND MEDICAL FORM

CONFIDENTIAL INFORMATION

Completed forms will be kept in the Jarson Education Center Office
2010-2011/5771

Student's Name _____

Please complete a separate form for each student.

Does this student have ANY food allergies or sensitivities? Please specify.	
What medications is this student currently taking?	
Please note any medical/physical concerns of which we should be aware.	
Does this student have ANY environmental or seasonal allergies (I.e. hay fever)?	
Does this student have any food restrictions apart from allergies?	
What Medications (prescribed or over the counter) might your child need to self-administer during school hours? PLEASE MAKE SURE A NOTE FROM A PARENT OR GUARDIAN ACCOMPANIES ALL SUCH MEDICATION.	

Consent for Emergency Medical Treatment

Sign either part A or B:

A. We, the parents of _____, give permission for emergency medical or dental treatment of our child for illness or accident if we cannot be contacted. We assume the responsibility for payment of treatment. Of course, in the event of an emergency, every effort will be made by Adath Israel to reach the parents or their proxy before treatment, if at all possible.

Emergency contacts:

Parent 1. _____

Parent 2. _____

Alternate Emergency contact _____

Child's relationship to emergency contact _____

Medical Doctor _____

Dentist _____

Health Insurance _____ Policy # _____

Parent/Guardian _____ Date _____

B. I do not give my consent for emergency medical treatment for my child.

Parent/Guardian _____ Date _____

RELEASE AND ASSUMPTION OF RISK FORM

As used herein, the term "Adath Israel Congregation" shall include, but not be limited to, Adath Israel Congregation, Rabbi Irvin M. Wise, Sharon B. Wasserberg, Hillary D. Hirsch, any employee (full-time or part-time) of Adath Israel Congregation, any volunteer assisting Adath Israel Congregation, and/or any agent, employee, or licensee of any of the foregoing. The term "Undersigned" shall be the student involved and the student's father and/or mother and/or legal guardian.

The Undersigned understands that during the activity in which the student is participating in conjunction with Adath Israel Congregation, certain risks exist, including, but not limited to, hazards of accidents or illnesses, the forces of nature, personal injuries, theft and/or destruction of personal property, acts of third persons, and travel by automobile, bus, or other conveyance.

In partial consideration thereof, and for the right to participate in these activity and related activities, the Undersigned hereby assumes all the risks set forth above and hereby holds Adath Israel Congregation harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever which may arise from or in connection with the above described activity or related activities. The terms hereof shall serve as a release and assumption of risks for the Undersigned, their heirs, executors, administrators and family members.

If the student is under the age of majority, the Undersigned agrees to indemnify Adath Israel Congregation for any liabilities imposed on Adath Israel Congregation by reason of any claim, cause of action, or charge of any kind brought about by the student's participation, or by any person on behalf of the student and arising out of the above described activity or incidents relating thereto.

The Undersigned further acknowledges that the student will abide by all rules and directives of Adath Israel Congregation. Any inappropriate conduct or behavior by the student or any violations of the rules, regulations, or directives of Adath Israel Congregation Youth Programs, will result in the student's immediate removal from participation in this activity.

Student's Name (Print and Signature)

Date

Parents'/Legal Guardian's Name (Print and Signature)

Date