

Universal Permission Slip
2010

GRADE _____

I/we give consent for (print name of child)

to attend and participate in any school or youth group events, activities and programs being organized or sponsored by Temple of Aaron Congregation. This permission extends to travel to/from any event, activity or program.

I/we understand the nature of these events and do hereby release Temple of Aaron Congregation from any liability due to accident or injury incurred by my/our child. In the event that my child is ill, injured, or otherwise requires medical examination, treatment, or care while under the supervision of Temple of Aaron Congregation or its staff or volunteers, I/we consent to, and will be responsible for, payment of charges for any such treatment or examination.

I/we further agree to release and hold Temple of Aaron Congregation, and its agents or anyone acting on its behalf, free and harmless of any claims, demands, or suits arising from their conduct to the full extent permitted by Minnesota law in conjunction with any event or related travel, including the authorization and provision of medical treatment.

This form covers all youth group events and Religious School activities with the exception of USY regional programs such as kallot.

Parent/Guardian Signature _____

Date _____

Printed name of Parent/Guardian _____

Phone (home) _____

Phone (cell) _____ Additional cell _____

Additional Emergency Contact _____

Emergency Contact Phone _____

Special medication or allergies

Temple of Aaron Congregation has my permission to include my child in any photographs or videotapes taken during Temple of Aaron youth group or school activities. I further understand that these photos and/or videos may be shared with staff and parents, posted on the Temple of Aaron web page, and/or printed in the Aaronian.

Parent/Guardian Signature _____

Date _____