



**Temple of Aaron**  
**Rabbi Bernard S. Raskas Religious School &**  
**Rosy & Richard Shaller Hebrew School**

616 Mississippi River Blvd., St. Paul, MN 55116 (651) 698-8874 [www.templeofaaron.org](http://www.templeofaaron.org)

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**Permission/Medical Form 2016-2017**

Name \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell # \_\_\_\_\_

Parent cell/work \_\_\_\_\_ Student e-mail \_\_\_\_\_

Parent cell/work \_\_\_\_\_

Father's Name \_\_\_\_\_ Parent e-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Parent e-mail \_\_\_\_\_

In case of Emergency, if parents cannot be reached, please notify (please list two):

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell# \_\_\_\_\_ Relation \_\_\_\_\_

In case of Emergency, if parents cannot be reached, please notify:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cell# \_\_\_\_\_ Relation \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Carrier Name \_\_\_\_\_ Phone # \_\_\_\_\_

Group / Policy Number \_\_\_\_\_

Activities restricted by Physician's advice? \_\_\_\_\_

Dietary restrictions \_\_\_\_\_ Allergies \_\_\_\_\_

Current medications \_\_\_\_\_

Name of family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Name of family Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

**Please turn over and complete the back of this application.**

TEMPLE OF AARON  
PARENT'S AUTHORIZATION AND MEDICAL RELEASE STATEMENT

As the parent/guardian of \_\_\_\_\_, I do request and authorize Temple of Aaron to permit my child to attend and participate in any school activities in the Synagogue and outside the Synagogue, including transportation that is involved in the event excluding transport of students by tutors/aides. I accept full responsibility for his/her actions while so engaged and release Temple of Aaron, employees, and chaperones, etc., from any liability. In case of emergency, and inability to contact us, I do give permission to the physician selected by the Cantor/Educator or adult in charge of the event, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

TEMPLE OF AARON PHOTO/AUDIO/VIDEO/WEBSITE RELEASE

I give my permission for photographs, slides, video or audiotapes to be taken of my child to be used for our calendar, website, public relation purposes and the promotion of Temple of Aaron. I understand that the above may be used by the mass media for newspaper or television without my consent for usage. Please do not sign to opt out. This release is to remain in effect from September 1, 2016 through August 31, 2017.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

TEMPLE OF AARON PARENT'S AUTHORIZATION OF RULES AND REGULATIONS

As the parent/guardian of \_\_\_\_\_ I acknowledge that my child will abide by all rules set forth in parent handbook. I further understand that at no time is the use of tobacco, alcohol or any illegal drug or substance permitted at any event or function. We agree that our children are not to leave premises of school/event and follow all rules applicable to school/event unless permission is granted by proper staff and/or with parent supervision and prior notice.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**\*\*Note: This information is confidential. It is the parents' responsibility to notify the Cantor/Educator & Administrative Assistant of any changes to information appearing on this form throughout the school year for the safety and protection of your child.**

Questions?  
Susie Haim, Administrative Assistant  
651-698-8874 ext 100  
susiehaim@templeofaaron.org