



**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

Permission/Medical Form 2017-2018

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, 2017 through August 31, 2018.

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