Field Trip Permission Form 2015-2016

I hereby give permission for my child _____
to participate in field trips during the 2015-2016 school year with the Spark School for Experiential Jewish Learning and also to ride between the school and the destination. In the event of an emergency, surgical or otherwise, and I cannot be reached, I hereby give my permission for my child to be transported to the nearest medical facility and specifically authorize the representative of the Spark School for Experiential Jewish Learning to act in accordance with my instructions on the emergency medical form. The Spark School for Experiential Jewish Learning and Northern Hills Synagogue-Congregation B'nai Avraham are hereby released and held harmless from any claim, judgment, awards, settlements or damages to any person or property arising directly or indirectly out of my child's participation in religious school programs.

Parent/Guardian Signature: _____Date: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, every effort will be made to contact the parent(s) or guardian(s).

Parent 1 Name: _____	Parent 2 Name: _____
Address: _____	Address (if different): _____
_____	_____
City, State: _____	City, State: _____
Zip Code: _____	Zip Code: _____
Day Phone: _____	Day Phone: _____
Evening Phone: _____	Evening Phone: _____
Cell. Phone: _____	Cell. Phone: _____
E-Mail: _____	E-Mail: _____

Two people other than parents who can be contacted in case of an emergency if the parent(s) cannot be contacted:

CONTACT #1	CONTACT #2
Name:	Name:
Relationship:	Relationship:
Phone (h):	Phone (h):
Phone (c):	Phone (c):
Email:	Email:

5714 Fields Ertel Road, Cincinnati, OH 45249 * Phone: (513) 931-6040 * Fax: (513) 530-2002
Director of Lifelong Learning: Brian Freedman * brian.z.freedman@gmail.com
Assistant to the Director of Education: Carol Hershenson * Schooladmin@fuse.net
Please complete this form and return it to the address above.

EMERGENCY MEDICAL FORM, 2015-2016

Facts concerning the child(ren)'s medical histories, including food allergies, medications being taken, bee stings, environmental factors, and any physical impairments to which a physician should be alerted: _____

_____

_____

_____ (Continue on separate paper if necessary)

PART I – TO GRANT CONSENT

In case of injury or illness of a child at school, every effort will be made to contact the parent or guardian. The following instructions will remain in force unless revoked by parent or guardian:

If injury or illness is minor, give child First Aid? Yes No

If injury is serious and parent cannot be contacted, do you wish your personal Physician or Dentist contacted? Yes No

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist _____ Phone_____

Local hospital _____ Emergency Room Phone_____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital and/or other medical facility reasonably accessible.
This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian_____ Date _____

Name & Address _____

PART II – TO REFUSE CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of injury requiring emergency treatment, I wish the school authorities to take the following action: _____

_____

Signature of Parent/Guardian_____ Date _____

Name & Address _____

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