

Release Form

IT IS MY DESIRE THAT MY CHILD/WARD PARTICIPATE IN THE ACTIVITIES OF TEMPLE ADAT SHALOM, THEREFORE;
I, THE UNDERSIGNED PARENT/GUARDIAN OF (Full Name of participant below)

DO HEREBY AUTHORIZE THE ADULT SPONSOR OF TEMPLE ADAT SHALOM (TAS) OR ANY RESPONSIBLE ADULT PERSON BEARING THIS WRITTEN AUTHORIZATION, INTO WHOSE CARE THE ABOVE MENTIONED CHILD HAS BEEN ENTRUSTED, TO OBTAIN PROPER MEDICAL CARE FROM A LICENSED MEDICAL OR DENTAL DOCTOR OR FACILITY. THE MEDICAL/DENTAL CARE IS TO INCLUDE, BUT NOT BE LIMITED TO, ANY X-RAY, EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE TO BE RENDERED TO CHILD UNDER THE GENERAL OR SPECIAL SUPERVISION AND UPON THE ADVICE OF A LICENSED MEDICAL DOCTOR OR DENTIST. IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT, OR HOSPITAL CARE BEING REQUIRED, BUT IS GIVEN TO PROVIDE AUTHORITY AND POWER ON THE PART OF ADULT PERSON/SUPERVISOR TO GIVE SPECIFIC CONSENT TO ANY AND ALL SUCH DIAGNOSIS, TREATMENT OR HOSPITAL CARE WHICH THE AFOREMENTIONED PHYSICIAN OR DENTIST IN THE EXERCISE OF THEIR BEST JUDGMENT MAY DEEM ADVISABLE. THIS AUTHORIZATION SHALL INCLUDE TRANSPORTATION TO RECEIVE THE MEDICAL OR DENTAL CARE. FINANCIAL RESPONSIBILITY

IN THE EVENT OF INJURY TO MY CHILD/WARD, I AGREE THAT I AND MY HEALTH CARE INSURERS SHALL BE FINANCIALLY RESPONSIBLE FOR ANY MEDICAL TREATMENT REQUIRED BY MY CHILD/WARD AS A RESULT OF ANY INJURY OR ILLNESS SUFFERED DURING HIS/HER PARTICIPATION IN ANY TAS RELATED ACTIVITIES.

RISK

I AM AWARE THAT THESE ACTIVITIES MAY INVOLVE SOME HAZARDS. I HAVE CONSIDERED THESE RISKS AND I STILL WISH MY CHILD/WARD TO PARTICIPATE. FURTHERMORE, I AGREE NOT TO BRING LEGAL ACTION AGAINST TAS, STAFF, SPONSORS, OR VOLUNTEERS AS A RESULT OF ANY INJURIES SUFFERED IN THE COURSE OF HIS/HER PARTICIPATION.

TERM OF AGREEMENT

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL THE END OF THE SCHOOL YEAR, WHILE THE CHILD/WARD IS ENROUTE TO OR FROM OR INVOLVED IN OR PARTICIPATING IN ANY PROGRAM OR ACTIVITY AUTHORIZED BY TAS, UNLESS REVOKED BY THE UNDERSIGNED IN WRITING AND DELIVERED TO THE AGENT OF TAS.

Emergency Contact Phone numbers

Date Signature of Parent/Guardian

Printed Name of Parent/Guardian

Relationship

Special Health Instructions or Known Allergies
