



Student Medical & Release Form 2020 - 2021 / 5781

Complete One for Each Child

Child's name _____

Part I - Medical

Does s/he have special medical needs or take any medication on a regular basis? Yes No
If yes, please explain.

Part II – Allergies

Does s/he have any allergies, including food allergies? Yes No
 Peanuts Other _____

Part III – Immunizations

I affirm that my child, _____, has been immunized or has documented medical reasons for an exemption from such immunizations that I will provide.

✗ Parent's Signature _____ Date _____

By filling in this form & submitting it electronically, I consent that this is my signature.

Part IV - Emergency Medical Release Authorization

I give permission to Temple Chayai Shalom personnel to administer emergency medical attention, including calling an ambulance, for my child _____ in the event that I cannot be reached.

If you have a child who needs emergency medication, such as an EpiPen, you must provide doctor's orders on usage and proper dosage, and must make prior arrangements with the Director in the school office.

EpiPen Other _____

✗ Parent's Signature _____ Date _____

By filling in this form & submitting it electronically, I consent that this is my signature.

Part V - Release and Indemnification Agreement

_____ (Student) intends to participate in certain activities being organized by the religious school of Temple Chayai Shalom, Easton, Massachusetts. The undersigned hereby release and discharge Temple Chayai Shalom, its officers, directors, agents, employees and affiliated entities from any and all causes of action, liabilities, damages and claims related to Student's participation in said activities. The undersigned also hereby agree to indemnify and hold Temple Chayai Shalom, its officers, directors, agents, employees and affiliated entities harmless from and against any and all claims, damages, losses and expenses, including without limitation attorneys' fees, related to Student's participation in said activities.

✗ Parent's Signature _____ Date _____

By filling in this form & submitting it electronically, I consent that this is my signature.

- I DO NOT give TCS permission to print our phone number in its Hebrew School Directory.
- I DO NOT give TCS permission to use a photo of our child for informational or publicity purposes in newspapers.
- I DO NOT give TCS permission to use a photo of our child in
 - SULAM blog video Facebook website