Student Medical & Release Form 2022 - 2023 / 5783
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 in accordance with the MA
Department of Public Health. Temple Chayai Shalom also encourages all eligible students to receive the flu
vaccine and the Covid 19 vaccine, as eligible for their age. If your child has documented medical reasons for
an exemption from such immunizations, please provide that documentation with this form.

✗ 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 releases and discharges
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 agrees 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