



# Student Medical & Release Form 2024 - 2025 / 5785

## 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 - Learning Plans

My student is on a 504 Plan or an IEP.  Yes  No

If yes, please attach the accommodations page(s) from the most recent report.

### Part VI - 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.