

**TEMPLE BETH-EL YOUTH GROUP
EMERGENCY MEDICAL RELEASE/PARENTAL PERMISSION RELEASE
2008-2009**

_____ Youth Group Participant's First Name		_____ Last Name	_____ Age	_____ Grade	
Parent 1	_____ First Name	_____ Last Name	_____ Home phone	_____ Cell phone	_____ Business phone
Parent 2	_____ First Name	_____ Last Name	_____ Home phone	_____ Cell phone	_____ Business phone

EMERGENCY CONTACT (other than parent)

_____ Emergency Contact #1 Name/Phone	_____ Emergency Contact #2 Name/Phone	_____ Emergency Contact #3 Name/Phone
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DOCTOR'S INFORMATION

_____ Doctor's Name	_____ Doctor's Phone Number
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INSURANCE CARRIER

_____ Carrier/Plan Name	_____ Group/Policy #	_____ Claims/Phone Authorization #
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Please list any allergies or medical problems _____

I understand and agree that in case of an emergency or injury to the above participant, such action will be taken and medical treatment administered as deemed necessary by Temple Beth-El or its employees or volunteers. I hereby release Temple Beth-El, its employees and agents from any claim or liability with respect to the same. I give Temple Beth-El such authorization that permits any person or hospital to provide such treatment to my child as may be advisable in the circumstances, and this shall be sufficient authority for doing so.

Parent's Signature _____ **Date** _____

Parental Permission Release

My son/daughter has my permission to participate in Temple Beth-El youth group activities and events. So that we do not have to send and collect permission forms per event, we ask that you sign a blanket waiver form to cover all the events in which your child participates this school year. Students MUST have a signed waiver form to participate in youth group events.

Parent's Signature _____ **Date** _____