

TEMPLE ISAIAH YOUTH DEPARTMENT EMERGENCY MEDICAL INFORMATION AND RELEASE FORM

Name _____ Gender _____ DOB _____

Parent Email _____ Anachnu-ite E-mail _____

Family Phone Line _____ Child's Cell Phone _____

Address _____ City _____ Zip _____

Parent(s) Name(s) _____

School Name _____ Grade _____

Medical Insurance Carrier _____ Policy # _____

Family Physician _____ Phone # _____

Allergic to any medication? Yes No If yes, please explain _____

Date of last tetanus shot _____

Vegetarian? Yes No Any other dietary needs? _____

Please attach an additional page with any medical or other information about your child that we should know.

OVER-THE-COUNTER MEDICATION AUTHORIZATION

You may choose to authorize Temple Isaiah Youth Department staff to administer over-the-counter medication to your child at youth group events. If you would like to authorize this, please initial your permission next to each of the following medications. With your authorization, we will provide appropriate dosages of these medications, and only these medications, upon request by your child.

___ Tylenol (acetaminaphen) ___ Advil (ibuprofen) ___ Tums (calcium carbonate) ___ Benadryl (diphenhydramine)

MEDICAL RELEASE

I/We, the undersigned parents of _____, a minor, do hereby authorize Temple Isaiah as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain in effect until June 30, 2012.

PERMISSION

In the event of an emergency in which I/we or the alternate contact(s) cannot be reached, I authorize Temple Isaiah to act in my absence. I give my permission to Temple Isaiah to use this emergency information for all youth group events involving my child. In the event that this information changes, I will notify the Youth Director. I understand that my child may not attend any youth group event without my express permission in the form of an endorsed check for that event.

I understand that for events that involve leaving Temple Isaiah, transportation will be provided by bus, carpool, or van.

I also release Temple Isaiah, its affiliates, and employees of all responsibilities for any injuries which may occur to my child during the course of these activities. In addition, I have instructed my child to abide by all rules of good conduct during this activity, and I understand that failure to follow safety rules will result in my child being sent home at my expense and being excluded from future activities.

Parent Signature

Parent Cell Phone

Parent Weekend Phone (if different)

Name of Alternate Contact

Relationship of Alternate Contact

Alternate Contact Phone Number

Please complete *Kavod of Conduct* on reverse side and return to Temple Isaiah

Anachnu *Kavod* of Conduct

I will promote the creation of a religious youth community based on mutual respect and a sense of personal well-being. **I will treat others with *Kavod* (honor and respect).** I have read the following rules, designed to promote the health and safety of all event participants, and have indicated my absolute acceptance by my signature and that of my parent/guardian.

- At all times, I will act in a manner that respects the safety of the group and the rights of my fellow participants.
- I will not possess, consume, or distribute any alcoholic beverage, illegal drug, or tobacco product.
- I will not participate in any activities that could be deemed as hazing, sexually harassing, demeaning, or hurtful.
- I agree to refrain from inappropriate sexual behavior.
- I will not bring or use any weapons, firearms, or anything that may be construed as a weapon.
- I will follow the guidance of the adult leaders and counselors at all times.
- I will attend and participate fully in the entire event, unless otherwise agreed upon with the Youth Director. I will arrive on time, stay until the end, and remain on the event premises at all times.
- I will not commit any illegal act. I understand that vandalism, disturbing the peace, or other inappropriate behavior as determined by the adult leadership will not be tolerated. I understand that I will have to pay for any damage that I cause. I understand that no gambling is allowed, except for fundraisers approved by the adult leadership.
- I will abide by the event curfew announced by the adult leadership.
- I understand that private cellphone use is prohibited at events, unless the Youth Director has specifically given permission. I will either leave my cellphone at home or turned off for the duration of events.
- I understand that no guests are allowed at any event, unless permission is granted in advance by adult leadership, and that any unauthorized guests will be asked to leave immediately.
- I acknowledge that violation of any local, state, or federal law shall be in violation of this Code.
- I agree to abide by any additional rules, pertinent to a specific event, which may be announced and to accept the consequences of their violation.

I understand that these rules of behavior apply from the time I leave home for the event, during the event itself, and until I return home after the event.

Participant's Signature

Date

We have read the preceding rules and fully understand them. We understand that sanctions imposed by the Youth Director for violation could include immediate expulsion from an event at the expense of the parent or guardian, and/or exclusion from future events.

Parent/Guardian's Signature

Date

Please complete reverse side and return this form to:

Temple Isaiah Anachnu / 3800 Mt. Diablo Blvd. / Lafayette, CA / 94549