

TEMPLE ISAIAH YOUTH DEPARTMENT EMERGENCY MEDICAL INFORMATION AND RELEASE FORM

Name _____ Gender _____ DOB ____ / ____ / ____ Family Phone Line _____

LAFTY-ite_E-mail _____ Cell Phone Number _____

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 Other special 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, van, or BART.

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 this/these activity(ies.) 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 Number

Parent Weekend Phone (if different)

Name of Alternate Contact

Relationship of Alternate Contact

Alternate Contact Phone Number

Please complete both sides and return this form to:
Temple Isaiah LAFTY / 3800 Mt. Diablo Blvd. / Lafayette, CA / 94549

LAFTY *Kavod* of Conduct

I will promote the creation of a Jewish 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.

- I will not possess, consume, or distribute alcoholic beverages, other than that served by adult leadership for Jewish sacramental purposes, even if I am of legal drinking age. I understand that if I am caught associating with others who have possessed, consumed, or distributed alcoholic beverages, I will also be considered guilty of breaking this rule. I understand that violation of this rule will result in immediate expulsion from the LAFTY event and exclusion from future events, and my family may be billed for any inconvenience caused to the Youth Group and/or additional expenses incurred.
- I will not possess, use, or distribute any illegal drug or drug paraphernalia. I understand that if I am caught associating with others who have possessed, used, or distributed illegal drugs or drug paraphernalia, I will also be considered guilty of breaking this rule. I understand that violation of this rule will result in immediate expulsion from the LAFTY event and exclusion from all future events, and my family may be billed for any inconvenience caused to the Youth Group and/or any additional expenses incurred.
- I will not smoke, consume, or distribute tobacco products. I understand that if I am caught associating with others who have possessed, smoked, consumed, or distributed tobacco products, I will also be considered guilty of breaking this rule. I understand that violation of this rule will result in immediate expulsion from the LAFTY event, and my family may be billed for any inconvenience caused to the Youth Group and/or any additional expenses incurred.
- 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 attend and participate fully in the entire event, unless previously agreed upon with the Youth Director. I will arrive on-time, stay until the end, and remain on the designated 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 mobile phone use is prohibited at events, unless the Youth Director has specifically given permission. I will either leave my mobile phone 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 the Youth Director, and that any unauthorized guests will be asked to leave immediately.
- I will not drive during events unless advance permission is requested in writing by my parent/guardian and granted in writing by the Youth Director.
- 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. I agree 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 both sides and return this form to:
Temple Isaiah LAFTY / 3800 Mt. Diablo Blvd. / Lafayette, CA / 94549