



SHORESH HEBREW HIGH SCHOOL

**2009-2010 (5770)
MEDICAL RELEASE FORM**

Every Student of the Shoresh Hebrew High School must have this form on file in order to insure his or her safety during school sponsored programs.

In the event that I cannot be reached in an emergency, I hereby give permission for my child

_____, a student of the Shoresh Hebrew High School to be treated by a physician or hospital selected by the staff member in charge.

I hereby release the Shoresh Hebrew High School and Ohr Kodesh Congregation and their employees from any liability in the case of an accident or injury while participating in school-sponsored activities.

Parent's Signature _____ Date _____

Parent's Name (printed) _____

Parent's Complete Address _____

Home phone _____ Business phone _____

Cell phone (F) _____ Cell phone (M) _____

Child's physician's Name, Address and Phone Number: _____

Allergies: _____

Is your child taking any medication? _____

Insurance Carrier _____ Group/ID Number _____

One or more emergency names and numbers in the event the parent listed above cannot be reached.

Name Relationship to child Phone number

Name Relationship to child Phone number

Previous Jewish Education

Did your son/daughter attend Jewish day school? _____

Name of school attended: _____ No. of years: _____

Did your son/daughter attend Hebrew School? _____

Name of school attended: _____ No. of years: _____

Name of Synagogue: _____

Did your son/daughter become a *Bar/Bat Mitzvah*? _____

_____ led the service

_____ read the *haftarah*

_____ presented *d'var torah*

_____ read *torah*

_____ other

Please explain _____

Other Jewish Experiences

How often does your son/daughter attend *Shabbat* services?

_____ more than once a month _____ once a month _____ less than once a month

Has your son/daughter ever attended a Jewish Camp? Yes _____ No _____

Name of Camp: _____ No. of years: _____

Does your son/daughter attend any Jewish Youth Groups? _____

Name of Jewish Youth Group(s): _____

Has your son/daughter ever been to Israel? _____ How many times? _____