CONGREGATION KOL TIKVAH
PLEASE COMPLETE YOUTH GROUP FORM
PERMISSION SLIP AND EMERGENCY MEDICAL RELEASE

MY CHILD,_____ has my permission to participate in the Youth Group of Congregation Kol Tikvah. In consideration of my child's acceptance as a youth group participant, I hereby waive any and all claims against Congregation Kol Tikvah, its agents and its employees, that may arise out of any injury, loss of damage suffered by my child during any youth group activity.

I hereby consent for my child,_____, to be transported to and from any youth group program by school bus, coach bus and/or by other parents in case of carpooling.

I hereby authorize the employees of Congregation Kol Tikvah to act as my agent to consent to and/or arrange for any emergency medical treatment that may be deemed necessary by any licensed doctor, nurse, paramedic, or member of a medical staff of a hospital, with respect to any illness or injury suffered by my child,_____, during an activity.
This is to certify that my child,_____, is in good physical health and can participate in youth group events:

_____without limitation
_____with the following limitations/accommodates_____

MY CHILD,_____, has the following allergies:_____ I give my permission for my child to take the following over the counter medications under the supervision of an adult chaperone from the Congregation:

___acetaminophen ___ibuprofen ____antihistamine

Other medication information:_____

PARENT SIGNATURE:_____ DATE:_____

Parents' Emergency Contact Information:

_____	_____	_____	_____
Name	Home#	Work#	Cell #
_____	_____	_____	_____
Name	Home#	Work#	Cell #

Insurance Carrier _____ Insured's Name_____

Insurance Carrier Phone # _____ Policy # _____

Name of Physician _____ Phone _____

Emergency Contacts (if parent is not available):

_____	_____	_____	_____
Name	Home #	Work #	Cell #
_____	_____	_____	_____
Name	Home #	Work #	Cell #