

Temple B'nai Shalom Religious School
7612 Old Ox Road
Fairfax Station, VA 22039
Medical Release Form
2018-2019

Student Information

Student's Last Name:	First Name:
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Age:	Birth Date:	Grade for 2018-2019:
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Parent's Name:	E-mail Address:	Home Phone:	Cell Phone:
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Parent's Name:	E-mail Address:	Home Phone:	Cell Phone:
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Emergency Contact When Parent Cannot Be Reached:

Name:	Home, Cell Phone & E-mail Address:	Relationship:
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Name:	Home , Cell Phone & E-mail Address:	Relationship:
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Emergency Contact When Parent Cannot Be Reached:

Doctor's Name:	Phone Number:
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Medical Insurance Company:	ID#:
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The health and safety of every student at Temple B'nai Shalom is extremely important. Please fill out the following questions with as much detail as possible so that the concerns of your child can be dealt with in an appropriate manner.

Allergies (to medicines, foods, environmental, etc.):	Reactions, Seriousness, and Actions Necessary:
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Other Medical Conditions:	Reactions, Seriousness, and Actions Necessary:
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Medications taken on a regular basis: (Please be sure to administer necessary medication before Religious School):

Medical Waiver

I understand that: In case of illness, I will pick up my child as soon as possible. I am responsible for informing the Temple of my child's medical conditions. The Temple staff is not qualified nor will they be permitted to administer medication of any type. Medications may not be left in the Religious School office. Teachers may not be able to ascertain how certain foods will affect my child, and they may not be able to immediately recognize if my child is experiencing the onset of a medical problem. If these restrictions present a problem, it is my responsibility to set up an appointment with the Associate Rabbi to discuss my particular situation.

In an emergency, the Religious School has my permission to contact "911" and request the assistance of a rescue squad. The rescue squad has my permission to take my child to the emergency room of the nearest hospital. I understand that the Religious School will attempt to contact me but in the event I cannot be reached, the hospital has my permission to call my child's doctor for any background information or medical assistance necessary. The hospital and its staff have my authorization to provide treatment necessary for the well-being of my child.

Signature of Parent:	Date:
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Please understand that if this form is not filled out completely, you will be required to come to the Temple to complete the form before your child may attend Religious School. Forms may be reviewed by a physician who is a member of Temple B'nai Shalom. The physician, however, does not serve as medical staff for the Temple.

You may send this form directly to Nicky Polis, Temple B'nai Shalom; 7612 Old Ox Rd; Fairfax Station, VA 22039.

THIS FORM MUST BE COMPLETED EACH YEAR. THANK YOU.