

TEMPLE MENORAH
1101 Camino Real
Redondo Beach, CA 90277
Tele: 310/316-8444/ Fax: 310/540-7677

Dear Parents:

Throughout the school year, four field trips have been planned for your child as part of Arachim. Please be aware that **no child will be able to attend without this signed consent form.** Please fill it out and **return this form** to the office ASAP but **before the first Arachim activity of this year on October 22, 2006.**

PERMISSION SLIP AND MEDICAL CONSENT FORM

I give permission for my child, _____, to attend the Arachim programs sponsored by Temple Menorah and to be transported by the bus service arranged for Arachim.

In the event my child is injured and the Temple cannot reach me, I give permission to the Temple Menorah staff to contact emergency medical assistance and/or my child's physician. I give the staff permission to drive my child to the hospital or physicians office if needed. I also authorize any emergency treatment deemed necessary by the medical team.

Child's Name _____ Date of Birth _____

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Other Contact _____ Daytime Phone _____

Physician's Name _____ Telephone _____

Insurance Company _____ Policy Number _____

Parent/Guardian Signature _____ Date _____