

Congregation for Humanistic Judai

CHJ Sunday School Medical Release Form

I am leaving the child/children named in this Registration Form in the charge of the Congregation for Humanistic Judaism's Sunday School.

I hereby grant permission for my child/children to participate in all activities of the school.

I hereby grant permission for my child/children to leave the school premises under the supervision of teachers and chaperones for field trips which I have received previous notification.

I hereby give my permission for my child/children to get any medical or surgical assistance that is necessary while the CHJ Sunday School is in charge of their care, if I cannot be reached.

Signature

Date

Medical Information

Insurance: _____

Hospital of choice: _____

Child Name	Allergies	Pediatrician	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Photo Release

I give permission to CHJ to use photographs of my child/children taken at school activities, with captions, to be used and /or reproduced by CHJ for publicity purposes without further consent of the child/children or parent(s).
