

Congregation Beth Shalom of the Blue Hills Field Trip Permission Form

Though this form requests information that the Rabbi Jerome Weistrop Religious School may have already collected regarding your child, we are asking you to provide it on this form to ensure that the updated information is available to the chaperones should it be needed in an emergency. We understand that some information requested on this form is confidential; therefore, your child's information will only be shared on a need-to-know basis. We appreciate your cooperation in completing this form.

I give permission for my child/(ren) to accompany their class, along with Rabbi Jerome Weistrop Religious School Faculty/Staff Members and designated chaperones, on the field trip to _____, currently scheduled for

_____.

Date

- In granting permission, I assume responsibility for any damage to person(s) or property caused by my child/(ren) while participating on this field trip.
- I understand that my child is expected to follow all school rules and act in a safe and orderly manner at all times of this trip, and is expected to follow all reasonable requests of the chaperones.
- In the event of a medical emergency, I give my consent and authorization to the decisions made by the school or any and all of its agents to the provision of medical assistance.

Child's Name **Medical restrictions or requirements***

_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature _____

Date _____

*Please provide any additional medical or other information in the space at the bottom of the next page.

Student Information

Child 1: _____ Date of Birth: _____
Last First Middle

Child 2: _____ Date of Birth: _____
Last First Middle

Child 3: _____ Date of Birth: _____
Last First Middle

Child 4: _____ Date of Birth: _____
Last First Middle

Parent/Guardian Contact Information

(1) Parent/Guardian Name: _____ Cell: _____

Work/Other Number: _____ Email: _____

(2) Parent/Guardian Name: _____ Cell: _____

Work/Other Number: _____ Email: _____

*Please identify which parent should be contacted first: (1) _____ or (2) _____

Emergency Contacts

List two names of persons who will assume temporary care of your child if you cannot be reached and your child needs to leave the field trip due to an illness.

Name: _____ Contact No.: _____ Relationship: _____

Name: _____ Contact No.: _____ Relationship: _____

Additional Information
