

**Wilshire Boulevard Temple Religious School
Emergency Form**

Today's Date:
Student Name:
Student Grade:
Student Home Address:

Preexisting Medical Conditions/Allergies:
Medications:
Dietary Needs:

Parent Name:
Parent Email:
Parent Phone:

Allow Wilshire Boulevard Temple Staff to administer over-the-counter medication as needed?
YES / NO

Parental Consent and General Release Statement:

I give permission to my child to participate in all of Wilshire Boulevard Temple's Religious School/Youth Group programs, activities and events and release Wilshire Boulevard Temple and its representatives from all liability arising out of my child's participation in such activities. I/we hereby give permission for my child to be given emergency care as administered, authorized or directed by any adult person acting on behalf of Wilshire Boulevard Temple Religious Schools. Such care may include x-ray examination rendered to said minor under the provisions of the Medicine Practice Act; anesthetic, dental or surgical diagnosis or treatment or hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, all pursuant to Civil Code 25.8. I/we further agree to pay the cost of all such medical or dental services. It is understood that if time and circumstances reasonably permit, Wilshire Boulevard Temple Religious School personnel will try, but not be required, to communicate with me prior to such treatment. For valuable consideration, I hereby irrevocably grant Wilshire Boulevard Temple permission to use, in perpetuity, without compensation, the likeness of my minor child(ren), identified in this application, in photographic or other form in any and all of its publications, and in any and all other media, whether now known or hereafter existing, Published by Wilshire Boulevard Temple or its licensees. I hereby release Wilshire Boulevard Temple from any and all Claims that they may have or that may otherwise arise out of the use of such likeness(es).

I hereby represent that I am the parent or legal guardian of such child(ren) and have the full right and authority to act on their behalf and bind them.

Primary Care Physician's Name & Phone:
Insurance Plan & Policy Number:
Emergency Contact Name, Relationship to Student, and Phone:

Parental Consent Release & Agreement

Signature

Name

Date