

**Ohev Shalom of Bucks County
Youth Groups
General Permission Slip
(submit one per child each school year)**

Group: (check one) ___ USY ___ Kadima ___ Chaverim

Student's Name: _____ Today's Date: _____

Parent's Name: _____ Home Phone: _____

Address: _____ Cell #: _____

Medical Insurance: _____

Identification Numbers: _____

In case of emergency, if you cannot be reached at the above numbers, we will notify one of the below persons:

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Please remember to give a telephone number where people can be reached between Friday night and Sunday night.

Family Doctor: _____ Doctor's Phone: _____

Family Dentist: _____ Dentist's Phone: _____

I (we) give permission for this student to attend all trips and activities sponsored by United Synagogue Youth, Kadimah and Chaverim, whether they be arranged by Ohev Shalom, USY's Regional Office or USY's National Office.

In the event my (our) child becomes ill or injured while on this trip, a reasonable attempt will be made by Ohev Shalom and/or its representatives to (1) contact a parent or guardian; or in their absence (2) contact a relative or friend listed above; (3) contact family physician listed above; (4) take or dispatch student to the nearest hospital emergency room.

I (we) hereby give consent to have the above procedure followed for my ill or injured child if responsible youth group officials feel this procedure is indicated, and I (we) further consent that my (our) child receive such medical or hospital care and treatment as the physician or hospital may find necessary. If my child becomes ill or injured and does not require hospitalization, he/she may be released to a friend or a relative listed above.

Parent or Guardian Signature Cell Phone # Date

*** Please list any allergy or physical or emotional condition that we should know about. Please list any and all medications your child will need to take during the course of a trip or activity. _____

