

Mosaic Law Congregation Education & Youth Programs 2007-2008

Medical & Personal Information Sheet

Student Name:		Student Name:		Student Name:	
School Grade (as of Sept 06)		School Grade (as of Sept 06)		School Grade (as of Sept 06)	
<input type="checkbox"/> Youth Group Name:		<input type="checkbox"/> Youth Group Name:		<input type="checkbox"/> Youth Group Name:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birthdate:	Age as of 9/06	Birthdate:	Age as of 9/06	Birthdate:	Age as of 9/06
Does the child have any allergies or physical conditions that require special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		Does the child have any allergies or physical conditions that require special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		Does the child have any allergies or physical conditions that require special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Does the child have special educational needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		Does the child have special educational needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		Does the child have special educational needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

Address	City	Zip Code	Home Phone #
1.			
2.			

If divorced or separated, do you want school business, monthly newsletter, etc. mailed to both parents?

Yes No

If yes, please list the additional mailing details on line 2 above.

Mother's Name:	Father's Name:
Work Phone:	Work Phone:
Cell or Pager #:	Cell or Pager #:
Fax:	Fax:
e-mail Address:	e-mail Address:

Child lives with: Mother Father Both Parents Other, (please specify):

In an emergency, if I cannot be reached, please contact these individuals:

Name:	Relationship:	Phone Number:

Medical Insurance Company Name:	Policy Number:	Phone Number:
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I give my child(ren) permission to attend all Religious School/Youth Group activities. I understand that Mosaic Law Congregation arranges for the safety and chaperonage of my child(ren). I agree to hold harmless and indemnify Mosaic Law Congregation, New Frontier Region of United Synagogue Youth of Conservative Judaism, and United Synagogue of Conservative Judaism from any and all claims or causes of action arising out of his or her participation in Religious School/Youth Group activities. I further understand that my child(ren) must comply with the New Frontier Region code of conduct or be subject to disciplinary action to be determined by the Religious School Teacher, Youth Group Advisor, and/or the Youth Director.

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Youth Director/Youth Advisor to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child(ren) named above. Of course, in an emergency, every effort will be made to reach parents or their proxy.

I (parent) understand that my signature indicates acceptance of all parts of this form.

Signature of Parent or Guardian:	Date:
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