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**Confidential Child Health & Media Release 2015-2016**

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| --- | --- | --- | --- |
|  Name  | Age  | Date of Birth  | Grade |
| Name & Relationship of Parent/ Guardian 1 | Name & Relationship of Parent/ Guardian 2  |
| Cell Phone 1 | Home | Cell Phone 2 | Home |
| Email 1 | Email 2 |

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| PLEASE NOTE ANY MEDICAL, LEARNING, AND/OR BEHAVIORAL CONCERNS OF WHICH THE SCHOOL SHOULD BE AWARE (e.g., allergies, medications, physical limitations, learning abilities) or contact Temple Sholom’s Director of Lifelong Learning. |
| **Medical Consent for Child Learner; sign A or B** |
| 1. IF REASONABLE ATTEMPTS TO REACH ME FAIL, I HEREBY GIVE MY CONSENT FOR
2. The administration of any treatment deemed necessary by my preferred doctor below;
3. The transfer of the child to my preferred hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or any hospital reasonably accessible; and
4. Any medical treatment deemed necessary under the circumstances.

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| 1. I DO NOT GIVE MY CONSENTfor emergency medical treatment of my child.

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**Medical, Behavioral and Learning Information**

**Emergency Contact Information**

|  |  |
| --- | --- |
|  Primary Physician  | Physician Phone  |
| Dentist | Dentist Phone |
| Non-Guardian Contact Name & Relationship 1 | Phone Number  |
| Non-Guardian Contact Name & Relationship 2 | Phone Number |

**Use of Images in the Media**

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| I, the undersigned, do hereby consent and agree that Temple Sholom, its employees, or agents have the right to take photographs, videotape, or digital recordings (“Images”) of me or my child indicated above beginning on September 1, 2015 and ending on May 25, 2016 and to use these in any and all media exclusively for the purpose of communicating the educational activities of the Temple. I do hereby release to Temple Sholom, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my image in whatever media used. Child last names will not be used with media images.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Adult Learner, or Parent or other Legal Guardian of Child Learner Date |