



# Permission Slip 2023-24

**Print Child's Name:** \_\_\_\_\_

1. In case of emergency, when I cannot be immediately reached at the time of the emergency, I give BJBE's Early Childhood Program at the Chava Center staff permission to administer first aid and emergency measures.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

2. In case of emergency, when I cannot be immediately reached at the time of the emergency, I give BJBE's Early Childhood Program at the Chava Center staff permission to call emergency services (911) and transport my child to the nearest appropriate medical facility. A staff person will accompany any child transported to a medical facility; parents will be notified immediately.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

3. In case of emergency, when I cannot be immediately reached at the time of the emergency, I give BJBE's Early Childhood Program at the Chava Center staff permission to call the doctor listed on the emergency card on file, or any available doctor, in the event that the named doctor is unavailable.

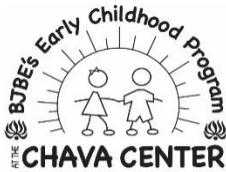
\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

4. I assume responsibility for notifying give BJBE's Early Childhood Program at the Chava Center in writing of any changes in address, employer, work schedule, and contact information, including phone numbers.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



## Permission Slip 2023-24

5. I understand that there will be a religious content to give BJBE's Early Childhood Program at the Chava Center program.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

6. My child, \_\_\_\_\_ has my permission to participate with BJBE's Early Childhood Program at the Chava Center staff on walking field trips. I understand that Congregation BJBE, BJBE's Early Childhood Program at the Chava Center and any volunteer is exonerated from any legal responsibility during these trips.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

7. I give my permission for my child to be photographed and for any photographs to be used in news releases, brochures, or for any other informational purposes.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

8. I give permission for my child to be videoed while attending BJBE's Early Childhood Program at the Chava Center. Classroom video is used as a teacher reflection tool as well as a mechanism to communicate what happens in the classroom. Videos taken will be shared internally among BJBE professional staff unless additional consent is given by the child's parents.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date