



Permission Slip

Child's Name: _____

Class: _____

1. In case of emergency, when I cannot be immediately reached at the time of the emergency, I give the BJBE Chava Center authorities permission to administer emergency measures and first aid at school.

Parent/Guardian signature

Date

2. In case of emergency, when I cannot be immediately reached at the time of the emergency, I give the BJBE Chava Center authorities permission to call the Deerfield paramedics and transport my child to the nearest hospital if necessary.

Parent/Guardian signature

Date

3. In case of emergency, when I cannot be immediately reached at the time of the emergency, I give the BJBE Chava Center authorities 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 understand that there will be a religious content to the BJBE Chava Center program.

Parent/Guardian signature

Date

5. My child, _____ has my permission to accompany the BJBE Chava Center teachers on walking field trips. I understand that Congregation BJBE, the BJBE Chava Center and any volunteer is exonerated from any legal responsibility during these trips.

Parent/Guardian signature

Date

6. 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