

BET SHIRA JEC 2009/2010 WAIVER OF LIABILITY

CHILD'S NAME _____ GRADE _____
CHILD'S NAME _____ GRADE _____
CHILD'S NAME _____ GRADE _____

I hereby grant permission for my child to participate in all of the activities of Bet Shira Jewish Education Center (JEC).

I hereby grant permission for my child to leave the School premises under the supervision of staff members for neighborhood walks or rides in authorized vehicles.

I hereby grant permission for my child to be included in evaluations, video, and pictures connected with the Jewish Education Center program.

I hereby grant permission for the Director, or her designee to take whatever steps may be necessary to obtain emergency medical treatment if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact parent or guardian through any of the persons listed on the emergency form completed for us.
4. If we cannot contact parent or child's physician, we will do any of the following:
 - (a) Contact fire rescue,
 - (b) Call an ambulance,
 - (c) Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under number four (4) will be borne by the child's Family.
6. All health and emergency information needs to be submitted in writing to the School Office. Bet Shira will not be responsible for anything that may happen
Result of:
 - (a) FALSE INFORMATION GIVEN AT THE TIME OF ENROLLMENT.
 - (b) FAILURE TO UPDATE INFORMATION ON FILE.
 - (c) FAILURE TO SUBMIT INFORMATION.

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____
(Father/ Mother or Legal Guardian)