

Contra Costa Midrasha - Medical & Release Form

Student Name: _____

MEDICAL AND INSURANCE INFORMATION

Doctor's Name	Doctor's Phone
Dentist's Name	Dentist's Phone
Insurance Company	Policy Number

During a retreat or overnight, all medications must be turned in to a retreat leader. Participants may keep only EPI pens and inhalers. If your child requires hospital care while on the retreat, your medical insurance will be billed.

Please indicate any and all specific medical and/or psychiatric conditions including but not limited to asthma, allergies, depression, or dietary restrictions. All information is strictly confidential.

Does your child take medication, including for emotional or psychological reasons?

Medication name and dosage:

For what condition is medication being taken?

Does your child have or has s/he ever had any of the following?

- Anaphylactic reaction Yes No
- Specific physical condition/illness such as epilepsy, asthma, allergies, diabetes Yes No
- Hyperactivity or Attention Deficit Disorder Yes No
- Special dietary needs Yes No
- Any significant life changes or disruptions about which we should be aware Yes No

If you answered "yes" to any of the above questions, please describe below:

The Midrasha Director/Midrasha Director of Experiential Education/Retreat Medic has my permission to dispense over-the-counter medications such as acetaminophen, ibuprofen, or antihistamines to my child. Yes No

MEDICAL RELEASE

I/We, the undersigned parents of _____, a minor, do hereby authorize Midrasha staff as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain in effect until June 30, 2018.

PARENT/GUARDIAN UNDERSTANDING: PERMISSION

- 1) I approve of the above registration for my child. I authorize my child to leave the Midrasha site for supervised field trips. I give my permission to Contra Costa Midrasha and Midrasha in Berkeley to use this emergency information for all classes, events, and retreats attended by my child. In the event that this information changes or that I will be out of town, I will provide the Midrasha Director and/or Midrasha Director of Experiential Education with updated emergency contact information.
- 2) I have instructed my child to abide by all rules of safe and respectful conduct during Midrasha weekly meetings and Retreat activities. I understand that failure to follow safety rules will result in my child being sent home at my expense and being excluded from future activities.
- 3) At its discretion, the Midrasha Director or Midrasha in Berkeley leadership may remove my child from any program or retreat for reasons related to health or violations of Midrasha policies and Code of Conduct. Upon request, I agree to arrange for my child to be picked up from any retreat or Midrasha program immediately.
- 4) Neither I nor any other representative of ours will sue, claim against, attack the property of, or prosecute any of Midrasha, their directors, officers, agents and employees, and all affiliated entities for loss of property, injury, harm, accident, illness, loss of limb or life, or other personal injury, incapacity, medical cost, expense, damage, claim, or liability, howsoever caused, and regardless of whether caused directly or indirectly by my child's acts or any acts arising out of or in connection with their participation in Midrasha, including the retreat program, or any activity associated with either program.
- 5) I understand that if the online RSVP is not received by the printed deadline, my child may not be able to attend the retreat.
- 6) I grant permission for the use of still and moving photos of the above named minor in Midrasha promotional materials, unless otherwise indicated in writing.

STUDENT UNDERSTANDING: MIDRASHA POLICIES & CODE OF CONDUCT

- 1) I will attend and participate fully in Midrasha programs and retreats, unless my parent(s) expressly permit me to arrive late or depart early. During the announced class and programming hours, I will attend the class/program from beginning to end, and will remain onsite during the clearly announced breaks.
- 2) I am aware that the possession or use of weapons, violence, drugs, or alcohol is forbidden. I will pay for any damages I cause at Midrasha or retreat sites.
- 3) I agree to abide by the Policies and Code of Conduct and the rules delineated by the directors, teachers, and staff(s) of Midrasha, including Midrasha retreats. I understand that violation of the Midrasha Code of Conduct may result in immediate dismissal from the program.

Signatures (Registration will not be accepted without both student and parent signatures)

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____