KENESETH ISRAEL
CLUB KIFTY
ALL EVENTS PERMISSION FORM

To be filled out by Parent or Guardian

Name of attendee: _____ Grade _____

Name of attendee: _____ Grade _____

To be read and signed by Parent or Guardian

Name_____ Phone # _____

Email_____ Address _____

My Son/Daughter has my permission to attend the KIFTY program. I hereby release Reform Congregation Keneseth Israel and all its officers, directors, and employees from all responsibility for any harm which might occur to my child while attending this event. I also authorize KI's representative to authorize hospitalization and/or the giving of necessary medical treatment or anesthesia for my child in the event I cannot be reached in an emergency.

_____ _____

Signature of Parent or Guardian Date

In case of emergency:
Phone # where I can be reached _____

Emergency contact name _____

Relationship to event participant _____

Phone #_____

Please include a copy of medical insurance

Please list any or all allergies, health issues or concerns regarding your child(ren).

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To be read and signed by Parent or Guardian

Event Transportation:

I give my permission for my son/daughter to drive/or be driven to and from KI. I agree to indemnify and hold harmless Reform Congregation Keneseth Israel, their employees, volunteers, and members which may come to my son/daughter while driving to or from the event.

_____ _____

Signature of Parent or Guardian Date