

CHAVARIM B'SHEMISH DAY CAMP  
PERMISSION SLIP - 2009

CHILD'S NAME \_\_\_\_\_

PARENT(S) NAME(S) \_\_\_\_\_

I. SPECIAL AUTHORIZATIONS:

I give permission to Aleph School for the following:

1. To take my child on supervised walking trips around the neighborhood or to Twin Lake Park on 26<sup>th</sup> Street. This may be done on a daily basis.
2. To take photographs of my child and to use these photos in publicity for the school (such as advertisements, brochures, newspaper articles, etc.)
3. To apply sun screen to my child during outdoor play.
4. To use diaper wipes on my child.
5. To distribute our family's names, addresses, and phone numbers to other families in my child's class. I understand that these lists may not be used for commercial purposes.

Please note: You may cross out and initial any area in which you do not wish to give permission. My signature indicates that I have read and understood the above permission authorizations, in section one and that I grant permission as indicated.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

II. MEDICAL INSURANCE

In case of an injury occurring at school, parents are required to submit all medical bills to their own insurance company. Those expenses not covered by the parent's insurance coverage will be covered by the school's supplementary insurance policy. To implement this insurance coverage, we must know the name of your medical insurance company and the policy number.

INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_

We must have this information to be in compliance.

AUTH.ALF