

Allergies to food: \_\_\_\_\_ Symptoms: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Check here if allergies are seasonal. Allergy prescriptions year round: Yes  No

Is the child taking medication regularly (not for seasonal allergies) or being treated for any condition? If so, please list/explain:

\_\_\_\_\_

Any other important medical/educational needs during Religious School hours:

\_\_\_\_\_

The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name) ("Participant"), to attend and participate in any Shir Shalom children/youth ministry activities, events, retreats and childcare during the period of September 1, 2020 - May 31, 2021.

**LIABILITY RELEASE:** In consideration of Shir Shalom allowing the Participant to participate in religious school activities (worship, meetings, activities, and field trips). I, the undersigned, do hereby release, forever discharge and agree to hold harmless Shir Shalom, its clergy, directors, employees, volunteers and teachers (collectively herein the "Temple") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the religious school activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in religious school activities, including trips away from the temple premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Temple for any liability sustained by said Temple as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred