2017-18 KEHILLAH HIGH

Permission Forms

*All information is confidential.*

MEDICAL RELEASE  
In the event of an emergency, I/we hereby give permission for any and all medical and/or dental attention to be administered to my/our child, in the event of accident, injury, sickness, etc. I/We also assume the responsibility for the payment of any such treatment. I/We acknowledge that Kehillah High is unable to administer any medications, unless prior written authorization from the parent or guardian is obtained.

Yes  No

LIABILITY WAIVER  
I/We hereby release Kehillah High, its officers, agents, and employees from all liability for injuries, illness or property damage resulting from student's participation in all Kehillah High programs, including school and youth group activities, and agree to not make any claim or demand against Kehillah High for any or all losses or damages to student's person or property.

Yes  No

PERMISSION FOR PHOTOGRAPHS AND PUBLICITY  
I/We give permission to use photographs or videos of our child(ren) on the Kehillah High website or other publicity materials for educational and advertising purposes.

Yes  No

AUTHORIZATION

I acknowledge that the information on these forms is accurate and can be used in the care of my child in case of an emergency, and that I have read and understood all waivers and release information.

Parent/Guardian Name:  First       Last

Parent/Guardian Email: