

CONGREGATION ANSHEI ISRAEL RELIGIOUS SCHOOL  
5550 E. 5<sup>th</sup> Street • Tucson, AZ 85711 520-745-5550 • www.caiaz.org

**Confidential Permission Slip and Medical Form**

I give permission for my child (full name) \_\_\_\_\_  
to participate fully in all the activities of the CAI Religious School for the 2014-2015/5775  
school year. I understand that field trips will be adequately supervised, and that transportation  
will be arranged either by parent carpools or walking, and that I will be informed beforehand of  
all such trips.

Parent Name: _____	Parent Name: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
E-Mail: _____	E-Mail: _____

Emergency Contact Names (*required*): \_\_\_\_\_

Home Phone: _____	Cell Phone: _____
Work Phone: _____	Relationship: _____

Emergency Contact Names (*required*): \_\_\_\_\_

Home Phone: _____	Cell Phone: _____
Work Phone: _____	Relationship: _____

Medical Insurance Company: \_\_\_\_\_

Policy Number: _____	Group Number: _____
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Please list any medical problems or conditions of which we should be aware:

\_\_\_\_\_

\_\_\_\_\_

Please list any current medications:

\_\_\_\_\_

\_\_\_\_\_

List any allergies (food, drugs, insects, etc.):

\_\_\_\_\_

\_\_\_\_\_

I give permission to Congregation Anshei Israel Religious School to take whatever emergency  
measures judged necessary for the care and protection of my child while under their supervision.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_