

CONGREGATION ANSHEI ISRAEL RELIGIOUS SCHOOL
5550 E. 5th 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 2015-2016/5776
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: _____