

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 2012-2013/5773 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:_____

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:_____