



TEMPLE BETH ELOHIM LEARNING PROGRAMS

BM3T [Grades 6 & 7] Havayah [Grades 8-12]



2009-2010 ☆ 5770 PARTICIPANT HEALTH & SAFETY FORM

Temple Beth Elohim ☆ 10 Bethel Road ☆ Wellesley Hills, MA 02481-3595 ☆ (781) 235-8419 ☆ <http://bethelohim-wellesley.org>

Please fill out all sections of this form clearly and completely. This is a multi-purpose form serving all BM3T and Havayah programs and events, enabling us to save paper and reduce paperwork for events. Your help is greatly appreciated.

PARTICIPANT CONTACT INFORMATION

Participant 1 First Name Last Name Date of Birth Sex (M or F) Grade (09-10 school year)

Address City/Town Zip Code

Home Phone Cell Phone Email Address

Participant 2 First Name Last Name Date of Birth Sex (M or F) Grade (09-10 school year)

Home Phone Cell Phone Email Address

Address (if different from above) City/Town Zip Code

Participant 3 First Name Last Name Date of Birth Sex (M or F) Grade (09-10 school year)

Home Phone Cell Phone Email Address

Address (if different from above) City/Town Zip Code

FAMILY CONTACT INFORMATION

Parent/Guardian's Name Home Phone Work Phone Cell Phone

Address (if different from above) City/Town Zip Code

Parent/Guardian's Name Home Phone Work Phone Cell Phone

Address (if different from above) City/Town Zip Code

Parent/Guardian Email Address 1 (please choose email you use regularly) Parent/Guardian Email Address 2

Emergency Contact #1 (other than Parent/Guardian) Relationship Home Phone Cell Phone

Emergency Contact #2 (other than Parent/Guardian) Relationship Home Phone Cell Phone

HEALTH & SAFETY INFORMATION

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Medical Insurance Company

Group #

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Participant 1 Policy #

Participant 2 Policy #

Participant 3 Policy #

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Participant 1 Doctor's Name

Phone

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Participant 2 Doctor's Name (if different from above)

Phone

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Participant 3 Doctor's Name (if different from above)

Phone

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Dentist's Name

Phone

ALLERGIES & MEDICAL CONCERNS * PLEASE EXPLAIN (IN DETAIL) FOR EACH PARTICIPANT IN THE SPACES PROVIDED BELOW**

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Participant 1

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Participant 2

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Participant 3

DIETARY RESTRICTIONS * PLEASE EXPLAIN (IN DETAIL) FOR EACH PARTICIPANT IN THE SPACES PROVIDED BELOW**

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Participant 1

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Participant 2

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Participant 3

OTHER MEDICAL INFORMATION

Please inform us of any other medical or safety concerns you would like to share with TBE Staff related to the participant(s) listed on this form:

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In the case that the BM3T/Havayah participant(s) named on this form need(s) any form of prescribed medication during a class, event or program, please bring enough medication to last the duration of the program or event. Keep it in the original packaging that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. In addition, please contact the faculty member and/or youth group advisor in advance to make the appropriate arrangements for administration. Should that participant need over-the-counter medication (headache relief medicine, cough drops, decongestants, etc.), I give my consent to Temple Beth Elohim to dispense products or their generic equivalent that I have noted below without having to consult me as designated here (please check the items for which you provide consent):

Participant 1

Tylenol
Acetaminophen

Advil
ibuprofen

Tums
Calcium Carbonate

Benadryl
Diphenhydramine

Cough Drops

Other _____

Participant 2

Tylenol
Acetaminophen

Advil
ibuprofen

Tums
Calcium Carbonate

Benadr
Diphenhydramine

Cough Drops

Other _____

Participant 3

Tylenol
Acetaminophen

Advil
ibuprofen

Tums
Calcium Carbonate

Benadryl
Diphenhydramine

Cough Drops

Other _____

ברית קהילה B'RIT KEHILAH

TEMPLE BETH ELOHIM BM3T & HAVAYAH PROGRAMS CODE OF CONDUCT

As a member of the Temple Beth Elohim Community, I will help build a feeling of friendship, respect and safety. I will treat others with Kavod (honor and respect) because we are all created B'tzelem Elohim (in God's image). I have read the following rules, designed to promote the health and safety of all participants and help build Kehilah Kedoshah (holy community), and my signature at the bottom of this page shows that I agree to follow these rules.

- ✧ At all times that I am at a Temple Beth Elohim class, event or program, I will participate fully to the best of my ability for the duration of the program, and remain within the designated perimeters.
- ✧ I will use good judgment, and remember that my actions and words affect my friends and community.
- ✧ I will respect the property and environment around me.
- ✧ I will respect myself and others, refraining from any inappropriate behavior.
- ✧ The use, possession and/or distribution of alcoholic beverages, weapons, and/or illegal drugs and related paraphernalia is strictly prohibited.
- ✧ No guests are allowed at programs and events, unless permission is granted in advance by a member of the Temple Beth Elohim Staff, and all unauthorized guests will be asked to leave immediately.
- ✧ I will be a role model for my friends and community in helping to follow these rules and guidelines, and any other rules or guidelines pertinent to a specific event or program, that are announced by the staff or leadership.
- ✧ I understand that if I don't follow these rules, I could be asked to leave the program or event and my participation in future programs and events could be in question.

Temple Beth Elohim BM3T & Havayah Participant(s)

I have read the Temple Beth Elohim BM3T & Havayah Programs B'rit Kehilah (above) and I understand that by signing this form, I promise to follow these rules from the time I leave home, during the program or event itself, and until I return home after the program or event. By doing so, I will help create a safe and fun environment for our community.

Signature of BM3T/Havayah Participant 1: _____ Date: _____

Signature of BM3T/Havayah Participant 2: _____ Date: _____

Signature of BM3T/Havayah Participant 3: _____ Date: _____

Parent or Guardian

I have read the Temple Beth Elohim BM3T & Havayah Programs B'rit Kehilah. I have reviewed with my child(ren), who is/are the participant(s) named on this form, the importance of abiding by the B'rit Kehilah. We agree that he or she is familiar with these rules and will follow them. I further understand that any violation of the rules may result in disciplinary action, up to and including dismissal from the program or event which will be at my sole expense.

Signature of Parent/Guardian: _____ Date: _____

PERMISSION FORM

I request that my child, named on this form, participate in Temple Beth Elohim Learning Programs and Events for the 2009-2010 school year. I hereby empower the educators, staff, youth group advisor(s) and/or chaperones to act for me in accordance with his/her best judgment in case of emergency. I understand that the educator, staff member, advisor or chaperone in charge will attempt to contact me in the case of an emergency. In the event he or she is unable to contact me, then I hereby authorize the physician selected by the advisor to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child named above. I release Temple Beth Elohim and its staff from all responsibility for injury occurring at any program or event or while traveling to/from any program or event. The child named on this form is in good health and does not have any physical or emotional problems that might be aggravated by participating in any program or event.

Signature of Parent/Guardian: _____ Date: _____

My signature grants my permission to use any and all written comments, pictures, video, and/or movies in which my child may appear for print, audio, visual and/or electronic publicity, promotion, and advertising on behalf of Temple Beth Elohim and its programs unless otherwise noted here:

Signature of Parent/Guardian: _____ Date: _____

When transportation is needed for programs/events, I grant permission for my child(ren) to be transported by all that apply):

chartered bus/van staff/advisor/chaperone parent/volunteer public transportation approved BELY Member (over 17)