
The Jewish Congregation of New Paltz
HEBREW SCHOOL EMERGENCY/PERMISSION FORM 2025-2026

My child _____, in grade _____, is in good physical health and does not have any physical disabilities which require attention, unless otherwise noted below on this form, or submitted in writing.

It is my understanding that all medical attention and/or health care needed, if necessary, in an emergency will be billed to me.

Signature of parent or guardian _____

Full name of child _____

Medical insurance and policy number _____

Doctor's Name: _____ Phone number: _____

Special information, allergies, etc. _____

Please submit any special instructions in writing to the Hebrew school office and your child's teachers.

Emergency Contacts

Name: _____ Relationship to child: _____

Phone: _____

Name: _____ Relationship to child: _____

Phone: _____

Permission to Walk to Shul

_____ Please initial here, allowing your child to walk from school to the Community Center.

Permission for Photographs and Publicity

_____ Please initial here, allowing us to put pictures of your child, individually, in group settings, or with other students, on our website and/or other publicity materials for education and advertising purposes.

Permission to include in Class List

_____ Please initial here, to allow us to publish your child's name, your name and your contact information in a class list to be distributed to your child's class only.

Pickup from Hebrew School

Please indicate who, other than parents/guardians and emergency contacts, is authorized to pick up your child from Hebrew School. Anyone not named here *must* be identified *by you*, in advance, to Susan Buonocore and/or your child's teacher.

