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**The Jewish Congregation of New Paltz**  
**HEBREW SCHOOL EMERGENCY/PERMISSION FORM 2024-2025**

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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 Djuna and/or your child's teacher.

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