

EMERGENCY MEDICAL RELEASE FORM

I hereby grant my child(ren), named below permission to attend all *Hillcrest Community Youth Department* events, whether at the Synagogue(Young Israel & Torah Center) or elsewhere. I understand that in the case of emergency, every effort will be made to contact at the telephone number(s) listed below. I agree to keep the Youth Department apprised of any changes to these contact numbers. If an emergency occurs, and neither I nor my child's doctor can be reached, I authorize the physician selected by the *Hillcrest Community Youth Department* to hospitalize, anesthetize, and secure proper treatment for my child(ren) as necessary.

Child(ren)'s Name(s):

Child: _____	Date of Birth: _____ / _____ / _____
Child: _____	Date of Birth: _____ / _____ / _____
Child: _____	Date of Birth: _____ / _____ / _____
Child: _____	Date of Birth: _____ / _____ / _____
Child: _____	Date of Birth: _____ / _____ / _____
Child: _____	Date of Birth: _____ / _____ / _____
Child: _____	Date of Birth: _____ / _____ / _____

Please write any specific medical information (allergies, medications, etc.) on the back of this form.

Parent's Signature: _____

Parent's Name (print): _____

Date: _____

Numbers where we can be reached:

Home 1: _____ Home 2: _____

Mother's: Office: _____ Cell: _____

Father's: Office: _____ Cell: _____

Relative (please specify name & relationship): _____

Relationship: _____ Phone: _____

Other (please specify name & relationship): _____

Relationship: _____ Phone: _____

Doctor: Name: _____

Phone: _____

No one under the age of 18 will be permitted to attend any Hillcrest Community Youth Department activities without a parent or guardian present unless this form is completed and on file in the Youth office.