

PERMISSION AND RELEASE FORM
PLEASE READ CAREFULLY BEFORE SIGNING

Retreat/Shabbaton on _____

Grade _____

Dates _____

_____ has my permission to attend the Temple Shalom
(name of student)

_____ Retreat, at the Lathrop E. Smith Center.

_____ Shabbaton, at Temple Shalom.

I realize that this activity will be under the direction of the Rabbi-Educator Rachel Ackerman, and teachers or other adults acting on the Temple's behalf.

In the event of an emergency, when I am unable to be notified, I give permission for the best available medical treatment to be administered.

In the event of illness or accident that causes harm to my child, I hereby release the Temple and those acting on its behalf, from all the liability for such harm, except in the event of gross negligence on the part of those in charge of this activity.

Medical Insurance Company and Policy # _____

Name and Telephone Number of Parent or Guardian if we need to reach you at any time during the Retreat:

Family Physician _____ Phone _____

Emergency # and Name if Parents cannot be reached _____

Please list any medication your child is taking or may take including dosage (including any over-the-counter medications)

Please list any special food considerations and allergies to food or medication _____

Please list any physical limitations your child has or any other special considerations we should be aware of:

Parent/Guardian's Signature _____ Date _____

PLEASE RETURN BOTH THE PERMISSION AND CODE OF CONDUCT FORMS OR RSVP YOUR REGRETS TO THE SCHOOL OFFICE NO LATER THAN TWO WEEKS BEFORE THE START OF THE RETREAT.

BOTH COMPLETED FORMS MUST BE RETURNED FOR A STUDENT TO PARTICIPATE.
YOU MAY EMAIL FORMS TO SCHOOL@TEMPLESHALOM.NET OR BRING THEM TO THE SCHOOL OFFICE.

PLEASE SIGN CODE OF CONDUCT FORM ON PAGE 2



**TEMPLE SHALOM RETREAT/SHABBATON CODE OF CONDUCT
FOR PARENTS AND CHILDREN**

1. Students are expected to be on time and to participate in all programs and events.
2. Students are expected to show respect for themselves, for each other, for the staff, for the property of others.
3. No electronic devices, cell phones, head phones, etc. may be used. All electronic devices should be left at home.
4. No one should be outside of their room after curfew for any reason unless permission has been granted by a staff member.
5. Out of respect for privacy, students are only allowed in their own sleeping area, not the sleeping areas of any other students.
6. Absolutely no alcohol, drugs, cigarettes, or sexual activity are permitted. Anyone violating this rule will be sent home at once. Parent(s) will be called to pick up the students immediately, regardless of the time of day. Additional action may also be taken.
7. For this to be a successful group experience, each individual must take appropriate responsibility for his/her own actions and behave appropriately as well as make other students feel included.

Violations of these rules may result in a student being sent home early from the trip or other disciplinary action.

Parent's/Guardian's Signature Date

Student's Signature Date

PLEASE RETURN BOTH THE PERMISSION AND CODE OF CONDUCT FORMS OR RSVP YOUR REGRETS TO THE SCHOOL OFFICE NO LATER THAN THE SUNDAY BEFORE THE RETREAT. BOTH COMPLETED FORMS MUST BE RETURNED FOR A STUDENT TO PARTICIPATE. YOU MAY EMAIL FORMS TO SCHOOL@TEMPLESHALOM.NET OR BRING THEM TO THE SCHOOL OFFICE.