

**Congregation Tikvat Jacob
Field Trip Permission Slip
(No student may attend the program without this
permission slip signed by a parent and the student.)**

Location: Zimmer Museum – 6505 Wilshire Blvd. L.A CA, 90048
Drop off Time: 9:15pm **Pick Up Time:** 12:30PM

I give permission for my child, _____
to participate in the “K-1st” grade field trip” on **Sunday, February 7, 2010**

I understand that students are to be dropped of at CTJ and will carpool with volunteer chaperones
and that we will meet and drop off students at location: CTJ I agree to pick up my child at the
above location.

I understand that the cost of the program is included in registration fees

I understand that my child represents Congregation Tikvat Jacob and its Religious School
 (“CTJ” or “temple”), and must abide by all rules and regulations governing conduct as set forth
 by the staff.

It is understood and agreed that my son/daughter is still under CTJ supervision and all reasonable
 caution will be taken by those persons in charge to prevent injuries. **With this knowledge, I
 hereby release and discharge CTJ and each and all of the temple’s agents, directors, board
 members and employees from any liability whatsoever,** resulting from or in any manner
 arising out of any injury, illness, accident, death or damage which may be sustained on account
 of my son/daughter’s participation in this activity, or the transportation in connection herewith.
 Personal items and equipment are the responsibility of the student and neither the persons in
 charge nor the temple will be liable for any loss incurred.

In the event of any illness or accident, I give the teachers and any other parent chaperone
 attending the trip full authority to obtain such medical or dental treatment and/or surgery from a
 licensed physician, dentist and/or surgeon as deemed necessary for the welfare of my child
 named above, and I shall be liable for the cost thereof and hold CTJ harmless from such liability.

Name of Participant: _____ Age: _____ Grade: _____

Name(s) of Parent(s)/Guardian(s): _____

Home Phone #: _____ Cell/Pager # _____

Emergency Contact and Phone: _____

Medical Insurance Company: _____

Policy Number: _____ Allergies: _____

Parent Signature _____ **Date** _____

Emergency home and cell phone numbers for _____
(cell) _____ (home) _____