



Or Shalom Jewish Community Religious School

1250 Quintara Street San Francisco, Ca 94116-1229

Deborah Schneider, Education Director ~ Shae Hancock,

Administrative Assistant

Parental Consent Form

While your child is in our care, an accident, emergency, or illness may occur that requires immediate medical attention without sufficient time to contact parents/guardians. The California Legislature has authorized consent in advance by parents or legal guardians for such treatment (Family Code Section 6910).

Authorization to Consent to Treatment of a Minor

I hereby authorize Or Shalom Jewish Community Religious School's representative to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment or hospital care that is deemed advisable by, and is to be rendered under the supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment or hospital care that is deemed advisable by, and is to be rendered under the supervision of any dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, hospital, or otherwise.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of said agent(s) to give specific consent to any and all such diagnosis, treatment and hospital care that such physician or dentist in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Family Code Section 6550-6552 of California and shall remain effective until revoked. It is understood that every effort will be made by Or Shalom Jewish Community Religious School to contact me before exercising this authorization.

I hereby authorize Or Shalom Jewish Community Religious School to engage for my child _____ at my expense any necessary emergency medical or dental care, until I can be informed and make further arrangements. I hereby incorporate by reference the "Authorization to Consent to Treatment of a Minor" as set forth above. This authorization will expire on June 30, 2011.

I expressly withhold such authorization.

Signature of parent or guardian: _____

Date _____

Or Shalom Registration Form 2010-11

Child _____

Age: _____ DOB: _____ Grade (outside of OS): _____

Child's Email: _____

Please list allergies and/or food restrictions that we should be aware of _____

Parent Name: _____

Home # _____ Cell # _____ Other # _____

Address _____ City/State/Zip _____

Email _____

Parent Name: _____

Home # _____ Cell # _____ Other # _____

Address _____ City/State/Zip _____

Email _____

**Which of the above is the best number to reach you in case of an emergency during school hours?
Please check.**

Child's Learning Style

Briefly, describe your child's learning style: _____

What are your child's strongest educational subjects? _____

Does your child have any special learning issues we should know about? (ie: dyslexia, ADD, gifted learner, etc...)

Does your child require special assistance in the classroom? _____

In The Case of An Emergency

Name of Physician & Phone _____

Medical Insurance Provider _____ ID # _____

(Please list someone other than child's parents)

Name _____ Relationship to child _____

Phone Number _____

Name _____ Relationship to child _____

Phone Number _____

Additional Persons who are authorized to pick up my child

Name

Phone

Email

| | | |
|--|--|--|
| | | |
| | | |
| | | |

**PLEASE RETURN THIS FORM WITH A COPY OF CURRENT IMMUNIZATION
RECORD**

I give Or Shalom Jewish Community authorization to take and post (unnamed) photos of my child on the Website. _____yes _____no

Signature of Parent or Guardian _____

Snacks

- Beginning this year all families will be asked to provide a vegetarian snack once or twice a year. We will assign you at the beginning of the year and send out a calendar with your dates on it.
- Approximately ten days before your date, you will be called to confirm.
- If you cannot provide snack for your assigned date, please arrange for someone else to bring it and call Or Shalom to let us know about the change.
- Snacks do not have to be pre-prepared. Teen madrichim (assistants) will prepare the snack for you. You can drop it off with your child or ahead of time. Snack begins at 5:00 on Mondays and Wednesdays and at 11:00 on Sundays. Teen Havurah families will be charged a subsidy for meals.
- Please do not bring sweets, soda, or juice unless specifically requested for holiday or special program.
- Snacks should include:
 - Fruit or vegetable (baby carrots, oranges, apples, grapes, etc)
 - Bagel, or another carbohydrate
 - Cream Cheese, cheese sticks, hummus or peanut butter.
 - Or Shalom will provide napkins, plates and water.