

**TEMPLE EMANUEL**

\_\_\_\_\_ **School Year**

*(insert year)*

**Field Trip Permission and Emergency Contact Form  
for Grade \_\_\_\_**

My child, \_\_\_\_\_, has my permission to attend the field trips with the Temple Emanuel Religious School. I understand that these activities will be under the direct supervision of a school faculty member, and that home notification of each field trip will be made prior to the actual date of the trip.

In case of an emergency, I understand that I will be contacted. However, if I cannot be reached, the Religious School or its representative(s) may authorize medical treatment necessary for the well-being of my child, and I agree to accept responsibility for any fees incurred.

I agree to release, hold harmless and indemnify Temple Emanuel Religious School, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the school, or its agents, representatives or employees.

**Please complete the following:**

Emergency Contact #1 _____	Phone # _____
Emergency Contact #2 _____	Phone # _____
Emergency Contact #3 _____	Phone # _____
Physician's Name _____	Phone # _____

**List below any medical or physical conditions the supervisors should be aware of to assure all participants have a safe and comfortable time.**

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\_\_\_\_\_  
**Parent or Guardian Signature (Please print name first)**

\_\_\_\_\_  
**Date**