

Name of Applicant _____

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BAIS CHANA/JEWISH UNCAMP CONSENT FORM

PARENT/GUARDIAN CONSENT

- I permit my daughter _____ to go on all bussed trips. _____ *(Please initial)*
- I give permission for Bais Chana Women International to sign as legal guardian on waivers for activities that require a parent's signature. (Biking, boating, etc.) _____ *(Please initial)*
- I give permission for pictures or videos taken of my daughter to be used for promotional purposes. _____ *(Please initial)*
- I permit my daughter to take acetaminophen(Tylenol) and/or ibuprofen (Advil, Motrin) _____ *(Please initial)*

Does your daughter have any special dietary needs? Restrictions on activities?

Does your daughter have any allergies, including penicillin?

Will your daughter be taking any medication while attending this program? If so, please provide all information about dosages.

APPLICANT'S AGREEMENT

Bais Chana is a smoke-free, drug-free, vaping-free, and alcohol-free environment. Sign below to indicate you agree to follow Bais Chana house rules and safety rules for activities and trips.

Teen's Signature _____ Date _____

MEDICAL INSURANCE FORM

In case of emergency we need your daughter's health insurance policy name and numbers *and* a copy of the health insurance cards. If you do not have medical insurance we recommend purchasing one month of travelers insurance.

Health Insurance (include subscriber's name, policy name, and all appropriate policy numbers):

IMPORTANT: Attach a front and back copy of your child's health insurance card (s).

With my signature below I authorize Bais Chana to obtain emergency medical treatment for my child, should the need, G-d forbid, arise. In the event my Health Insurance coverage is invalid, responsibility for payment will be assumed by the parent or guardian.

Signature of Parent of Guardian _____ Date _____