



PROVIDENCE
HEBREW DAY SCHOOL

Field Trip Permission Form

As parent(s) of _____ Grade _____ I (we) hereby give my (our) permission for my (our) child to attend educational, social, or athletic functions and field trips held on premises other than at Providence Hebrew Day School/New England Academy of Torah of 450 Elmgrove Avenue, Providence, RI 02906, which entails bus and/or other transportation, at our own risk, and without holding Providence Hebrew Day School/New England Academy of Torah responsible in any way.

Signature of Parent(s)

Date

Emergency Medical Form

Please complete the following, sign, and return to the school.

In case of accident or serious illness, I (we) request the school to contact me (us). If the school is unable to reach me (us), I (we) hereby authorize Providence Hebrew Day School/New England Academy of Torah to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary to have emergency medical treatment administered by a qualified physician or hospital.

This will authorize *PROVIDENCE HEBREW DAY SCHOOL* (for students in grades Pre-K through 8) and *NEW ENGLAND ACADEMY OF TORAH* (for students in grades 9 – 12), 450 Elmgrove Avenue, Providence, RI 02906 to have emergency medical treatment administered, if necessary, to (please print child's name and grade)

Print Child's Name

Grade

by emergency personnel, a physician and/or hospital. If feasible, attempts will be made as soon as possible to contact me (us).

Signature of Parent(s)

Date

Physicians' Name: _____ Office Phone: _____

Office Address: _____

Other Phone: _____