

**Temple Adat Elohim Youth Group**  
**Off-Site Event Consent, and Emergency Information**

**MAETY/JAETY** will be walking to **The Lakes Outdoor Ice Skating Rink on Sunday, January 13<sup>th</sup>, 2018.**

**Please sign the following Permission Slip and return it to Gigi Dictor in her box at the Religious School Office or via email. Students are meeting at the Temple Adat Elohim Youth Lounge at noon and must be picked up at The Lakes at 2:30 PM.**

I, \_\_\_\_\_, do hereby give permission for my child, \_\_\_\_\_, to leave the Temple Adat Elohim grounds to go to The Lakes Ice Skating Rink, located at 2200 E. Thousand Oaks Blvd, Thousand Oaks.

**It is understood that in case of an accident, we do not hold Temple Adat Elohim Youth Group responsible in any way.**

**STUDENT:** \_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_

**CELL PHONE #:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**STUDENT'S DOCTOR:** \_\_\_\_\_  
(name) (phone #)

**EMERGENCY MEDICAL CONSENT:** I hereby give my consent to Temple Adat Elohim Youth Group to call a physician for medical or surgical care for my child, \_\_\_\_\_, should an emergency arise where such surgery is indicated. It is understood that a conscientious effort will be made to notify me before such an action is taken- but, if this is not possible- the expense of such a service will be accepted by me.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

Does your child have any allergies that we should be aware of?

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