

BEIT MIDRASH 2009-2010

BRIT KEHILLAH / CODE OF CONDUCT

Student Name _____ Parents' Names _____
Emergency Contact Name and Numbers _____
(*other than parent in the event you cannot be reached*)

Student's Home Telephone # _____ Student's Cell Phone # _____

Vandalism to any site that is host to Beit Midrash is clearly unacceptable behavior. Parents agree to be financially responsible for any damages caused by their teen. Any student involved in potentially dangerous behavior will be suspended for the remainder of the school year.

Beit Midrash students are expected to behave in accordance with Jewish values. Behavior that is disrespectful to self, peers or adults will not be tolerated by the faculty and administration of Beit Midrash. Students who exhibit inappropriate behavior will be dealt with according to the disciplinary policy of Beit Midrash (see Discipline Policy in Beit Midrash brochure on p. 6 & 7). Leaving the premises without written parental permission will result in suspension. There is no smoking allowed in or on the property of any host site during Beit Midrash. The possession or use of drugs or alcohol on site will result in immediate expulsion.

Student Signature _____ Parent Signature _____ Date _____

RELEASE FROM LIABILITY

I hereby grant permission for my child _____ (print your child's name), to participate in Beit Midrash, a program of the Jacksonville Jewish Federation, and to participate in any and all activities and field trips with Beit Midrash during this school year. In consideration of my child's acceptance to Beit Midrash, I hereby waive any and all claims against Beit Midrash, the Jacksonville Jewish Federation, its agents and employees, that may arrive out of any injury, loss or damage suffered by my child at Beit Midrash. I hereby hold harmless and release Beit Midrash and/or its representatives and agents from any liability regarding thereto, including, but not limited to, transportation to and from all activities related to field trips.

I understand that if my child leaves the premises without written permission from his or her parent/guardian and the express knowledge of the Beit Midrash Director, he or she is in violation of Beit Midrash policy, which nullifies any responsibility or liability for the student on the part of Beit Midrash and its staff.

Parent Signature _____ Date _____

EMERGENCY MEDICAL RELEASE

I hereby authorize the employees of Beit Midrash to act as my agent to consent to and/or arrange for any emergency medical treatment that may be deemed necessary by any licensed doctor, nurse, paramedic, or member of a medical staff of a hospital, with respect to any illness or injury suffered by my child _____ (print your child's name), during Beit Midrash.

My child has: ___ Asthma ___ Seizure Disorder ___ Diabetes
___ Other health concerns (Please specify): _____

My child takes the following medications: _____

I give permission for my child to take the following over the counter medications under the supervision of the Beit Midrash Director: ___ acetaminophen ___ ibuprofen ___ antihistamine ___ decongestant

Parent Signature _____ Date _____