



CONFIDENTIAL
Health and Safety Form
Temple Israel 9th Grade Kallah Program

Return this form to:
9th Grade Kallah Program
Temple Israel
2324 Emerson Ave. So.
Minneapolis, MN 55405

This form is to be completed by the parents/guardians of participants. No doctor visit required.
 The information on this form is gathered to assist us in identifying appropriate care. The more information we have the better able we are to ensure a safe and healthy event. If you have any questions please contact Rabbi Saks, 612-374-0315, jsaks@templeisrael.com; or Tracy Bomberg, 9th Grade Administrator, 612- 374-0321, tbomberg@templeisrael.com.

CONTACT INFORMATION

Student Name _____ Date of Birth _____ Sex: male female

Student Email Address _____

Student Home Phone _____ Student Cell Phone _____ Provider: AT&T Verizon Other _____

Home Address _____
Street & Number City State Zip

Parent Name #1 _____ Email _____

Home Phone _____ Cell Phone/Pager _____ Work Phone _____

Home Address _____
Street & Number City State Zip

Parent Name #2 _____ Email _____

Home Phone _____ Cell Phone/Pager _____ Work Phone _____

Home Address _____
Street & Number City State Zip

EMERGENCY CONTACTS If Parent(s)/Guardian(s) are not available in an emergency, please contact :

1. Name _____ Relationship _____

Home Phone _____ Cell Phone/Pager _____ Work Phone _____

2. Name _____ Relationship _____

Home Phone _____ Cell Phone/Pager _____ Work Phone _____

HEALTH INSURANCE * You must provide a copy of health insurance card- front and back. *****

Carrier or Plan Name _____

Name of Insured _____ Employer _____

Policy #: _____ Group # _____

Address _____ Phone # to verify coverage _____

MEDICAL CARE PROVIDERS

Name of Physician _____ Name of Clinic _____ Phone _____

Address _____

Name of Dentist _____ Name of Clinic _____ Phone _____

Address _____

Preferred Hospital _____ Phone _____

Preferred Urgent Care _____ Phone _____

Student Name _____

TRANSPORTATION

- We plan to use the bus transportation to/from TEKO for retreats at the following bus stop:
 - Temple Israel- departing at 5 pm / arriving 11 am
 - Ridgedale Shopping Mall- departing at 5:30 pm / arriving 10:30 am
- We plan to drive to and from TEKO (arriving by 6:00 p.m. Friday and leaving by 10:00 a.m. Sunday)

MEALS

Does your teen have any special dietary restrictions? None Vegetarian Kosher Other _____

Food Allergies _____

Are there any types of food your teen cannot/will not eat? _____

FAMILY

How many siblings does the student have? _____ Names & Ages _____

With whom does the student reside? _____

Is there anything we should know about your family that would help us work most effectively with your teen? _____

SLEEPING HABITS

Does your teen wake up during the night? _____ Walk or talk while asleep? _____

Comments: _____

TEEN PROFILE

Activities or hobbies in which the student participates: _____

What does the student like to do in his/her free time? _____

Favorite school subjects? _____

Does the student play a musical instrument? _____ Which ones? _____

Describe your teen's social personality (outgoing, shy, likes to take the lead, needs "down" time, etc.) _____

Of what, if anything, is your teen afraid? _____

Has your teen been away from home in the past? Yes No Is homesickness a concern/issue? Yes No

Please describe any emotional or behavioral concerns, learning disabilities or special needs relating to your teen: _____

Please provide any additional confidential information of which the adult leadership should be aware (attach sheet if necessary):

IMMUNIZATION HISTORY (Please attach a copy of immunization record or list dates of basic immunizations, boosters or disease.)

DPT Series _____	Booster _____	Varicella (Chicken Pox) _____
Polio OPV (Sabin)/IPV _____	Booster _____	Tetanus Booster _____
MMR _____		Hepatitis B _____
Or Measles _____		Tuberculin Test _____
Or Mumps _____		Hemophilus Influenza B (HIB) _____
Or German Measles (Rubella) _____		Other _____

Student Name _____

HEALTH HISTORY: (Please check the items that apply to your child and explain below:)

Allergies

Medications:

- Penicillin
- Other Drugs _____

Food:

- Nuts
- Shellfish
- Eggs
- Other Food _____

Other Allergies:

- Hay Fever
- Ivy poisonings, etc.
- Insect Stings
- Other _____

Illnesses/Other Conditions

- Asthma
- Attention Deficit Disorder (ADD/ADHD)
- Bed-wetting
- Behavioral/Emotional issues
- Chronic or recurring illness/condition
- Constipation/Diarrhea
- Depression or Anxiety

- Diabetes
- Drug or Alcohol abuse or treatment
- Ear Infections
- Eating disorder
- Fainting/Dizzy spells
- Fine motor difficulties
- Gross motor difficulties
- Head injury or concussion
- High blood pressure
- Learning disability
- Menstrual pain/PMS
- Migraines/headaches
- Past serious illness or injury
- Seizures
- Skin problems (itching, rash, acne)
- Sleepwalking
- Smoking
- Wears eye glasses or contacts
- Wears or is bringing orthodontic appliance
- Other _____
- Unable to participate in some activities (please list below)

If any of the above are checked, please explain: _____

Other important medical information including restricted activities: _____

MEDICATION POLICY

This program is part of Temple Israel's formal education process and will require student's mental focus for extended periods of time. It is strongly recommended that medications taken during the school year used to focus the teen's attention continue through these retreats. All medication must be sent in the original container, appropriately labeled by the pharmacist or manufacturer. The pharmacy label must include the name, address, and phone number of the pharmacy; the name of the physician; date; name of student; name/strength of medication; and directions for use. The adult leadership of the 9th grade Kallah Program will dispense all medication. Medication will be kept in a locked area, with access limited to the adult leadership.

MEDICATION: This person takes medications on a routine basis YES NO

List all medications this teen is taking. Please indicate dosage, times, food guidelines and why the teen is taking this medication.

Name of Medication	Dosage/Time & Instructions	Reason

The following are over-the-counter medicines the Kallah staff may administer to my teen during the course of the retreat without first contacting me or other parents/guardians:

- Tylenol (or generic)
- Aspirin
- Advil (or generic)
- Benadryl (or generic)
- Sudafed (or generic)
- Maalox or other antacid
- Insect Repellant
- Sun Block
- Anti-biotic Ointment/First Aid Cream
- Cough Drop/Throat Lozenge
- Other _____
- Other _____

Student Name _____

HEALTH AND SAFETY AUTHORIZATIONS IMPORTANT—THESE MUST BE COMPLETE FOR ATTENDANCE

Health and Safety: — Must be signed by Parent/Guardian

This health history is correct and complete to my knowledge. The person herein described has permission to engage in all program activities except as noted. I hereby give permission to Temple Israel to provide routine health care, administer medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to Temple Israel to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/health care provider selected by Temple Israel to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied, if needed, for trips off event premises.

Signature of Parent/Guardian _____ Date _____

Disclosure of Medical Information: — Must be signed by Parent/Guardian

I understand that the Temple Israel 9th Grade Kallah Program is not defined as an entity subject to HIPAA and therefore is not covered by HIPAA regulations concerning patient medical records. I also understand and agree that situations may necessitate that my child's medical information be shared with the event staff and/or event medical staff. I give permission to any Health Care Provider, such as a hospital or physician to share my child's medical information with the event medical staff, for treatment purposes.

Signature of Parent/Guardian _____ Date _____

EVENT PARTICIPATION AUTHORIZATIONS IMPORTANT—THESE MUST BE COMPLETE FOR ATTENDANCE

B'rit Kehillah—Code of Conduct: — To be read and signed by Parent or Guardian

We understand that part of the 9th Grade Kallah Program experience involves activities, group living arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free and so I have instructed my child on the importance of abiding by the *B'rit Kehillah*—Code of Conduct. My child and I both agree that he or she is familiar with these rules and will obey them. We further understand that sanctions imposed by the adult leadership for violation could include immediate expulsion from the event, at the expense of the parent or guardian.

Signature of Parent/Guardian _____ Date _____

Event transportation: — To be read and signed by Parent or Guardian

I give my permission for my son/daughter to be driven to and from the event by authorized vehicle (bus or automobile) transportation. I understand that my son/daughter may not drive to or during the event. I agree to indemnify and hold harmless Temple Israel, its employees, volunteers, and members from any harm which may come to my son/daughter while driving to or from the event. I also am aware that it is the responsibility of my son/daughter to notify Temple Israel of his/her transportation arrangements to and from the event when this information becomes available.

Signature of Parent/Guardian _____ Date _____

Photo/Video Release: — To be read and signed by Parent or Guardian

I give my permission to Temple Israel to use any video or photograph, either online or in print, or any video taken at the event my child is attending for the purpose of marketing or promoting Temple Israel and its programs.

Signature of Parent/Guardian _____ Date _____

B'rit Kehillah—Code of Conduct: — To be read and signed by the STUDENT

I have read the *B'rit Kehillah*—Code of Conduct and I understand that these rules of behavior apply from the time I leave home for the event, during the event itself, and until I return home after the event.

Signature of **STUDENT** _____ Date _____

IMPORTANT—

Please notify us if this participant has been exposed to any communicable disease during the three weeks prior to attendance of any event.