



Ohavay Zion Synagogue

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2023-2024

Class Trips and Emergency Medical Treatment Form

One form per student please

Name of Student:

Print Name of Parent/Guardian:

I give my child permission to participate in class trips this school year 2023-24. I hereby release Ohavay Zion Synagogue, its agents and employees from any liability which may result from the participation of my child in the activity.

I also authorize the driver to designate a doctor to administer medical treatment in case of an emergency. (In case of an emergency, every effort will be made to reach the parent or the school.)

Signature of parent or guardian: _____ Date: _____

Emergency Information

If a parent cannot be reached, contact person(s) below:

1: Name: _____ Phone: _____

2: Name: _____ Phone: _____

I give permission for my child to receive emergency medical transportation and treatment if it becomes necessary and I cannot be reached by phone.

Parent's Signature: _____ Date: _____

Doctor's Name: _____ Phone: _____

Hospital Preference: _____

Insurance Carrier: _____ Policy Number: _____