

**MARSHA DANE STERN HEBREW SCHOOL
CONSERVATIVE SYNAGOGUE ADATH ISRAEL OF RIVERDALE
UNIVERSAL PERMISSION FORM 2011-2012**

Family Name _____

I give permission for my son/daughter(s) _____
to participate fully in all activities of the Marsha Dane Stern Hebrew School for the 2011-2012 academic year.
I understand that field trips will be adequately supervised, and transportation will be arranged either by parent
carpools, school buses, or walking, and that I will be informed beforehand of all such trips.

I hereby empower the members of the Hebrew School staff, appointed by the principal of the Marsha Dane
Stern Hebrew School, to act for me in case of an emergency. This power shall include the authority to bring my
child to a hospital or other emergency medical provider when said staff person believes that emergency medical
care may be indicated for my child.

Family Health Information

Parent(s) name _____

Home phone # _____ Work phone # _____

Cellular phone # _____

In case of emergency contact:

Name _____ Phone # _____

Doctor's name _____ Phone # _____

Insurance company _____ Policy # _____

Are there any medical or dietary concerns or limitations to your children's full participation in any school
program?

Signature of parent/guardian: _____

Date: _____

Please return this form to: CSAIR, 475 West 250th Street, Bronx, NY 10471, Attn: Hebrew School



Study. Prayer. Community.