

**Syracuse Hebrew Day School**  
**5655 Thompson Road, Dewitt, NY 13214**  
 (315) 446-1900 – (315) 446-3714 Fax  
[shds@twcny.rr.com](mailto:shds@twcny.rr.com)

**2010-2011 General Release Form**

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Field Trip Release:** I give permission for my child to accompany his/her class on field trips and other "going out" activities. This includes permission for my child to be transported to and from a field trip by a member of the SHDS staff or a volunteer driver.

**Medical Release:** In case of emergency, I give my permission to my child's pediatrician or family doctor and/or his/her associates to treat my child in my absence. If the pediatrician, family MD, or associates cannot be reached, I give my permission to have my child transported to a local hospital or urgent care center to receive emergency medical treatment. (Hospital Preference \_\_\_\_\_)

Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Use the space below to list and describe any **special medical circumstances** (allergies, physical challenges, etc.)

**Emergency Release:** In the case that SHDS must transport my child to safeguard him/her from a perceived threat to his/her safety and well being (i.e. fire, bomb threat, power outage) during school hours, I give permission for members of the staff and administration to take necessary steps to convey my child to a safe location with the understanding that I will be notified as soon as possible thereafter.

**Publicity Release (Check One):**  
 SHDS **has** my permission to use photos taken of my child for publicity releases, advertisements and/or publications for the promotion of the school and its programs.  
 Please **do not** use photos of my child for promotion of the school and its programs.

<b>Parent #1 Name:</b>	<b>Parent #2 Name:</b>
Employer	Employer
Work Phone	Work Phone
Beeper	Beeper
Home Phone	Home Phone
Cell Phone	Cell Phone
E-Mail	E-Mail

**Yes**, you can publish my e-mail addresses in the SHDS School Directory for parents only.

**If neither parent can be reached, whom may we call?**

Name	Relationship to Child
Address	Phone Number(s)

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_