

B”H

Parent Consent Form

1) I agree to follow all policies stated in the Lubavitch Hebrew School Parent Handbook and understand my responsibilities as a School parent.

2) I allow my child to attend all field trips taking place throughout the school year.

3) I give permission to Lubavitch Hebrew School in the event of a medical emergency to seek and administer medical attention for my child and, if necessary, to hospitalize him/her.

4) I hereby grant permission for photography and videography of my child’s activities at the Hebrew School or any activities related to the Hebrew School care for public relations purposes. I agree that I am to receive no compensation for my child’s appearance and that this participation confers on me no ownership rights whatsoever.

5) In the event that I cannot come to Lubavitch Hebrew School to pick up my child, I hereby authorize the following people to pick up my child from school. I understand that only those individuals listed by me below will be given permission to pick up my child.

<u>Name</u>	<u>Relationship to child</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Names of children: _____

Parent/legal guardian name: _____

Parent/legal guardian signature: _____ Date: _____

