



UNITED HERZLIA SCHOOLS

בתי"ס המאוחדים הרצליה

MEDICAL PRACTITIONER CONSENT FORM

CHILD'S NAME: _____ GROUP/GRADE: _____

In the event of a medical emergency, should we be unable to contact you, or your family Doctor/Practitioner as stated on your Emergency Form, may we have permission to take your child to a Medical Practitioner. Kindly indicate your consent by signing below:

DATE: _____

PARENT'S SIGNATURE: _____

PARENT'S NAME (PLEASE PRINT): _____

PERMISSION FOR OUTINGS & WALKS

To avoid issuing permission slips every time an outing is arranged, this Form has been drawn up to cover all minor excursions or walks, (e.g. visit a home of a child in the class who lives in walking distance, visit Highlands House to sing for Seniors, etc)

Parents will always be informed of all major outings. The standard forms requesting permission pertaining to that particular outing, would be required to be completed.

I hereby give permission for my child to accompany the group on any short walks/outings arranged by the school.

CHILD'S NAME: _____ GROUP/GRADE: _____

DATE: _____

PARENT'S SIGNATURE: _____

PARENT'S NAME (PLEASE PRINT): _____