



**Oak Park Temple/Maalot Tivon
Israeli Student Host Program**

On rare occasions, an emergency can develop which requires medical care, hospitalization or surgery for a participant. So that such treatment can be administered without delay, we ask that the parents or guardian of each participant sign the following statement authorizing the Israeli Student Host Program coordinators to secure any necessary treatment

I. PERMISSION FOR EMERGENCY TREATMENT

In the event of injury or illness to my/our son/daughter/ward

_____ born, _____
I/we hereby authorize the representative of the Israeli Student Host Program to secure any necessary treatment, including the administration of an anesthetic and surgery.

Parent's or Guardian's Signature(s)

Date



In conducting the Israeli Student Host Program, the coordinators make every effort to protect the welfare and safety of the participants. However, neither Oak Park Temple nor the coordinators of the Israeli Student Host Program are able to assume responsibility for damage to or loss of property, personal illness, or injury or death while a participant is in the program. We require each participant's parent(s) or guardian to sign the following statement as an indication that this position is understood and accepted.

II. RELEASE

I hereby release Oak Park Temple and the Israeli Student Host Program coordinators from any and all claims and causes of action for damage to or loss of property, personal illness or injury, or death arising out of program activity.

Parent's or Guardian's Signature(s)

Date

