**KOL NESHAMA PERFORMING ARTS CONSERVATORY**
**Emergency Medical and Unlimited Field Trip Consent**

Child's Name:_____ _____
First Last

Your Child's Doctor:_____ Phone:_____

Medical Care Number (if applicable)_____

Please specify if your child has suffered any medical problems in the past (e.g. allergies, operations, illness)_____

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I GIVE PERMISSION TO KOL NESHAMA PERFORMING ARTS CONSERVATORY OF LOS ANGELES AND BEVERLY HILLS, OR ANY OF THE HIRED STAFF, TO SEEK EMERGENCY MEDICAL ATTENTION FOR MY CHILD IF UNABLE TO CONTACT ME.

I agree that Kol Neshama Performing Arts Conservatory and its designated directors, teachers and counselors, are not legally or financially liable for any claim rising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of my child is given to Kol Neshama Performing Arts Conservatory in conjunction with any authorized program or event.

I give my permission for my child to participate in all of the programs, classes and activities. I give my permission for my child to leave the program's premises under the supervision of a staff member for the neighborhood walks or for field trips in an authorized vehicle. I give my permission for my child to be included in evaluations, videos and pictures connected with the program.

Student is covered by
Family Health-Accident
YES_____NO_____

Family Health-Accident Insurance:
Insurance CO:_____
Address_____
Policy#/Certificate#_____

_____ _____
Signature of Parent/Guardian Date

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In the event, G-d forbid, of a major Emergency or Earthquake, it will be necessary for Kol Neshama to release your child(ren) immediately.

Parent's Name_____Phone#_____
Custodial Parent_____Phone#_____
Release child to(if not family)_____Phone#_____

Parent Signature/Date_____