



TEMPLE SOLEL – CAMP SIMCHA MEDICAL RELEASE FORM

I hereby authorize Temple Solel to obtain necessary emergency care for my child. In event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by Temple Solel representatives or employee, when neither the Parents, Guardian or Family Physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under the circumstances by an physician licensed under the laws of the state of California.

Child Name

Phone Number

Parent Name

Emergency Contact Name

Parent Signature

Emergency Contact Phone Number

Date