



CAMP GAN YISROEL OF HANCOCK PARK

ת"סג

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HANCOCK PARK

Medical & Release Form

Camper Information

Last Name _____ First Name _____

Mothers Name _____ Father's Name _____

Mothers Cell _____ Father's Cell _____

Medical Authorization

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

Trip Authorization

I give permission for my child to go on field trips. I release Camp Gan Israel of Hancock Park, Congregation Levy Yitzchok and all individuals from liability in case of accident during activities related to our Summer Program, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ Date _____

Transportation Authorization

I give permission for my child to ride on the Bus, Van or Car of Camp Gan Israel of Hancock Park. I release Camp Gan Israel, Congregation Levy Yitzchok and all individuals from liability in case of accident during activities related to our Summer Program, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ Date _____