



Parent/Guardian Religious School Family Permission Form

The state of Illinois requires a handwritten signature for medical release.
Please print this form, sign and return (1 per family) to the Temple Shalom of Chicago 4th floor Religious School Office via:

- scan and email to rebecca@sholomchicago.org
- fax 773-525-4710
- mail ATTN: Religious School to 3480 N Lake Shore Dr., Chicago IL 60657
- drop off in our 4th floor Religious School office

I hereby give permission for my child(ren) to attend Religious School field trips while enrolled in Religious School.

Initial _____

I assume responsibility for my child(ren)'s actions at Religious School and I will allow him/her/them to be treated by proper medical personnel should the need arise – at the discretion of the Religious School staff.

Initial _____

Child(ren)'s Name(s) _____

Parent Signature _____

Date ___ / ___ / _____