

**EMERGENCY MEDICAL CONSENT WAIVER AND RELEASE**  
**Please fill out one waiver per family.**

Child's First Name: _____	Child's Last Name: _____	Entering Grade: _____
Child's First Name: _____	Child's Last Name: _____	Entering Grade: _____
Child's First Name: _____	Child's Last Name: _____	Entering Grade: _____
Child's First Name: _____	Child's Last Name: _____	Entering Grade: _____
Child's First Name: _____	Child's Last Name: _____	Entering Grade: _____

**1. Emergency Medical Consent Waiver and Release**

In the event of an emergency, if the emergency contacts that I have listed for my child cannot be reached, I hereby grant the Head of School of the Solomon Schechter Day School, Inc. ("School") or his or her designee, authority to arrange for transport of my child to the nearest medical care facility, and authority to authorize emergency medical treatment as deemed necessary in the sole discretion of the Head of School or designee. I further hereby grant permission to medical personnel, physicians and surgeons, EMTs, first aid stations, and medical clinics to provide clinical or x-ray treatment that any attending physician, his/her assistants or medical, clinical or hospital personnel deem in their judgment to be necessary, including, but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen. I consent to the administration of anesthesia to my child and to the use of such anesthesia as may be deemed desirable. I authorize School staff who are trained in basic first aid and/or CPR to administer first aid and/or CPR to my child when appropriate. I hereby, for myself and my child and our respective heirs, administrators, successors, and assigns, expressly release, waive, and agree to indemnify the School and all of its officers, directors, trustees, agents, servants, administrators, teachers, representatives, and employees from any and all claims that my child or I might have arising from any personal or other injury, including death, loss or damage to property, or other loss or harm of any kind that my child might suffer in connection with his or her participation in the school's programs and the administration or authorization of emergency medical treatment, including liability for negligence (but not liability arising from gross negligence or intentional wrongful acts) on the part of the school's officers, directors, trustees, servants, administrators, coaches, teachers, employees, and agents. This consent shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts, without giving effect to principles of conflict of laws.

I acknowledge that I have read the Emergency Treatment Consent, fully understand it, and agree to its terms.

\_\_\_\_\_  
Parent Name – Please Print

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

***Please return form to: Janice Goldstein, Solomon Schechter Day School, 125 Wells Avenue, Newton, MA 02459***

OVER →

**PERMISSION TO PARTICIPATE**

**If your child may participate in any Extracurricular Sports (grades K-8), please fill out the waiver below.**

**Please fill out one waiver per family.**

Child's First Name: _____	Child's Last Name: _____	Entering Grade: _____
Child's First Name: _____	Child's Last Name: _____	Entering Grade: _____
Child's First Name: _____	Child's Last Name: _____	Entering Grade: _____
Child's First Name: _____	Child's Last Name: _____	Entering Grade: _____
Child's First Name: _____	Child's Last Name: _____	Entering Grade: _____

**2. For Extracurricular Sports Programs**

I hereby grant permission for my child named above to participate in Solomon Schechter Day School, Inc. ("School") extracurricular sports program(s) ("Sports Programs"), and to travel by bus to and from the Sports Programs. I agree that my child may participate in any competitive, contact, training, or other Sports Programs that he or she wishes to participate in, without any special limitations or conditions. I certify that I know of no medical reason why my child should not participate in any of the Sports Programs. I understand that all School rules and regulations (collectively, "Rules") will be in effect during Sports Programs practices and games, and that any student found to be in violation of these Rules may be subject to disciplinary measures, including, but not limited to, a prohibition on any further participation in the School's Sports Programs. I understand and agree that participating in the School's Sports Programs is wholly voluntary and is not required to meet any School requirements. I understand and am aware that the Sports Programs involve physical contact, and that my child's participation in the Sports Programs involves risks, dangers, and hazards, and that injuries while engaged in such activities, including serious injury, are not uncommon or extraordinary occurrences. I understand that the School cannot eliminate all of the risks involved with participation in the Sports Programs. I understand and agree that the School cannot prevent every potential injury or loss that my child may suffer as a result of his or her participation in the Sports Programs and I agree that I am not relying upon the School or any of its agents, employees, or representatives to do so. In consideration of being permitted to participate in the Sports Programs, I further hereby agree to take action for myself and my child and our respective heirs, administrators, successors, and assigns, as follows:

(A) TO WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS that myself or my child have or may have in the future against Solomon Schechter and its directors, officers, employees, agents, representatives, successors and assigns (all of whom are hereinafter collectively referred to as the "Releasees") and in consideration for my child being permitted to participate in the Sports Programs RELEASE THE RELEASEES from any and all liability for any loss, damage, expense, or injury resulting from or arising out of any aspect of my child's participation in the Sports Programs and the rendering of emergency medical procedures or treatment resulting from my child's participation in the Sports Programs, if any, due to any cause whatsoever, including negligence (but not liability arising from gross negligence or intentional wrongful acts).

(B) TO DEFEND, HOLD HARMLESS, AND INDEMNIFY the Releasees from any and all liability for any damage to property of or personal injury to any third party, resulting from or arising out of my child's participation in the Sports Programs.

(C) This Waiver and Release of Liability shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts without giving effect to principles of conflict of laws. (D) Any action, suit or proceeding arising out of or relating to my child's participation on the School's Sports Programs must be brought in any Federal or State court in Massachusetts, and I agree that myself and my child voluntarily submit to personal jurisdiction in the Commonwealth of Massachusetts. (E) This Waiver and Release of Liability is intended to be as broad and inclusive as permitted by applicable law and if any portion of this Waiver and Release of Liability is held invalid, it is agreed that the balance shall continue in full legal force and effect.

BY SIGNING THIS DOCUMENT, I AFFIRM THAT I HAVE READ AND UNDERSTAND IT IN ITS ENTIRETY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND "THE RELEASEES" AND I SIGN IT OF MY OWN FREE WILL.

_____	_____	_____
Parent Name – Please Print	Parent Signature	Date