

**TEMPLE BETH SHOLOM  
MACHON BETH SHOLOM  
UNITED SYNAGOGUE YOUTH  
401 Roslyn Rd.  
Roslyn Heights, NY 11577  
(516) 621-2288 ext. 22  
youth@tbsroslyn.org**

**Permission Slip- Midnight Run**

I hereby grant permission for my child \_\_\_\_\_ to attend the Midnight Run trip in conjunction with the Temple Beth Sholom United Synagogue Youth program.

I understand that transportation will be provided for my child to get to and from New York City in order to participate in the program.

In case of a medical emergency, I understand that every effort will be made to contact the parent/guardian. In the event that the staff member is unable to contact a guardian, I hereby authorize the staff to seek treatment for my child.

Please provide any information about special medical or food concerns for your child:

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Name Of Parent: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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