

LOS ANGELES GIRLS' ISRAEL TORAH TOUR
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Medical and Release Form 2015

Student's Name (as it appears on passport) _____

Home # _____ Passport # _____

Check all that apply

- My daughter has permission to leave the group for the free Shabbos weekend. The name of the relative and/or friend who will be picking up my daughter is _____. Their telephone # is _____. She must remain under that person's supervision for the entire time. I understand that my daughter must be returned to the group, Sunday morning in time to continue with the tour.
- I do not have a friend or relative to whom to send my daughter. I allow Rabbi and Mrs. Wachsman to find a suitable home for her to spend Shabbos.

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- I allow my daughter to go in groups of twos and threes while the group disperses for short periods of time to specific locations (a confined area like Meah Shearim, or in a mall while the group is there) approved by the staff. I understand that she will never travel on public transportation.
- My daughter may be picked up on her "off times" by an **adult** (with parental pre permission) and she is allowed to be put into a cab by the staff to reach her destination. She will also need to follow the strict instructions of Rabbi and Mrs. Wachsman, which include checking in and out and reporting her intended destinations.

If security allows, we are planning to visit Kever Rachel and Chevron.

- I do not allow my daughter to join the group on that day.

Medical History

Date of last tetanus shot: _____

Allergies: _____ Dietary Restrictions: _____

My daughter is a vegetarian

My daughter takes the following medications: _____

Any information that you feel is pertinent to insure the safety and comfort of your daughter.

Please check with your physician regarding any special vaccinations recommended for Israel.

My daughter has _____ has not _____ been vaccinated for hepatitis A

Parent's Signature

Date