



# TORAH DAY SCHOOL OF HOUSTON

10900 Fondren Road • Houston, Texas 77096 • 713-777-2000 • Fax 713-776-0036 • www.tdshouston.org

## TDS Consent and Information Form

\* Denotes required field

Write N/A if not applicable

You may use one form for all students if the information is the same, be sure to put all of their first names.

Last Name of Student(s)\* \_\_\_\_\_

First Name of Student(s)\* \_\_\_\_\_

List Student's Hebrew name and Hebrew birthday \_\_\_\_\_

Father's Occupation\* \_\_\_\_\_

Father's Employer\* \_\_\_\_\_

Father's Address (if different from the student's) \_\_\_\_\_

Mother's Occupation\* \_\_\_\_\_

Mother's Employer\* \_\_\_\_\_

Mother's Address (if different from the student's) \_\_\_\_\_

List any special problems that your child may have and any other information of which TDS employees and volunteers should be aware. Please write the student's name before listing each condition.

Name and address of preferred medical facility for your child in the event of an emergency. \*

Name, phone number, and address of one emergency contact.\*



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I consent for my child to be transported and supervised by TDS employees and volunteers for emergency care on field trips, to and from home (if requested by parent), to and from school (if requested by parent). You will be notified before transportation.\*

- I do consent
- I do not consent

As the parent(s) or legal guardian of the above child, I/we give consent for the facility to secure any and all necessary emergency medical care for my child.

I consent for my child to participate in Field Trips. (Parents will be notified of field trips date and location in advance)\*

- I do consent
- I do not consent

I consent for my child to participate in water activities such as sprinkler play, splashing/wading pools, and water table play.\*

- I do consent
- I do not consent

I agree to the terms and conditions above \*

I hereby authorize that a photograph of my child may be used for publicity purposes such as The Jewish Herald Voice, TDS website, Thursday Thunder, Facebook and other media.\*

- I do consent
- I do not consent

I give my child permission to walk to and from school\*

- I do consent
- I do not consent

I give permission for my child to walk to and from school with an older sibling who is under the age of 18.\*

- I do consent. Sibling's Name: \_\_\_\_\_
- I do not consent

I have received and read the updated TDS Parent Handbook with my child/ren

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent completing this form\*