

Emergency Form 2018-2019 SCHOOL YEAR



CHILD'S NAME _____ DOB _____ GRADE _____

CHILD'S ADDRESS _____

PARENT 1 NAME _____ HOME PHONE _____

CELL PHONE _____ E-MAIL _____

WORK PLACE _____ PHONE _____

PARENT 2 NAME _____ HOME PHONE _____

CELL PHONE _____ E-MAIL _____

WORK PLACE _____ PHONE _____

AUTHORIZED SCHOOL PICK UP CONSENT

NAME OF AUTHORIZED PICK UP	RELATIONSHIP	NAME OF AUTHORIZED PICK UP	RELATIONSHIP
PHONE _____		PHONE _____	

ALTERNATE EMERGENCY CONTACT: List at least one person authorized to pick up your child in an emergency if parents cannot be reached.

NAME _____	RELATIONSHIP _____	
HOME PHONE _____	CELL PHONE _____	WORK PHONE _____
NAME _____	RELATIONSHIP _____	
HOME PHONE _____	CELL PHONE _____	WORK PHONE _____

HEALTH INFORMATION

CHILD'S PHYSICIAN OR SOURCE OF HEALTH CARE _____
PHONE _____ PHYSICIAN'S ADDRESS _____

INSURANCE PROVIDER _____ POLICY # _____ GROUP # _____

MEDICAL CONDITIONS (diabetes, asthma, known allergies: medicine, food, bee stings, etc.) _____
Signs/symptoms to look for: _____

If signs/symptoms appear: _____
Medicines taken by child: _____
Date of last tetanus shot _____

EMERGENCY TREATMENT CONSENT

In the event that I cannot be reached, I hereby authorize a representative from WSB to transport my child to the Emergency Room of the nearest hospital medical personnel deem appropriate, and I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). I agree to accept financial responsibility for all medical expenses incurred.

PARENT SIGNATURE _____	DATE _____	PARENT SIGNATURE _____	DATE _____
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I grant permission for the emergency administration by a school representative of epinephrine with an autoinjector when anaphylaxis is indicated.

PARENT SIGNATURE _____	DATE _____	PARENT SIGNATURE _____	DATE _____
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PHOTO & VIDEO CONSENT

I hereby grant the Waldorf School of Baltimore (WSB) permission to use photographs and video footage of my child taken during school-sponsored activities for publicity and/or educational purposes. This may include, but is not limited to, the WSB website, newsletter, social media, and or print materials. I understand that if my child's image is used, all efforts will be taken to safeguard their privacy.

PARENT SIGNATURE _____ DATE _____

BLANKET FIELD TRIP PERMISSION

I grant permission and authorize my child to accompany his/her class at the Waldorf School of Baltimore on all curricular field trips connected to class work which do not include an overnight stay (but may involve a return after 3:30 p.m. – the usual close of school.) An alternative form will be issued for overnight trips. I understand that transportation will be by walking, school activity bus, and/or public/private transportation unless I am otherwise notified. **I understand that advance notification with important details of trips will always be made one week in advance of any excursion.**

PARENT SIGNATURE _____ DATE _____