

Emergency Form

SCHOOL YEAR _____

CHILD'S NAME _____ DOB _____ GRADE _____

CHILD'S ADDRESS _____

MOTHER'S NAME _____ HOME PHONE _____

CELL PHONE _____ E-MAIL _____

WORK PLACE _____ PHONE _____

FATHER'S NAME _____ HOME PHONE _____

CELL PHONE _____ E-MAIL _____

WORK PLACE _____ 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 the Waldorf School of Baltimore to transport my child to the Emergency Room of the hospital listed below or to another 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). If I have not specified any hospital(s) below, my child may be taken to and cared for at Sinai Hospital. I agree to accept financial responsibility for all medical expenses incurred. Sinai Hospital _____ OTHER HOSPITAL _____ OTHER HOSPITAL _____

PARENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

AUTHORIZED SCHOOL PICK UP CONSENT

NAME OF AUTHORIZED PICK UP _____ RELATIONSHIP _____
PHONE _____

NAME OF AUTHORIZED PICK UP _____ RELATIONSHIP _____
PHONE _____

Please note below any information you feel the school should have regarding your child's living arrangements or after-school schedule.

PHOTO & VIDEO CONSENT

I hereby grant the Waldorf School of Baltimore permission to use my child's photograph and video footage for publicity purposes, e.g. marketing materials, the Waldorf School of Baltimore website and social media platforms.

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 _____