

## Waldorf School of Baltimore Emergency Form 2011 - 2012

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

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 \_\_\_\_\_

Child's Physician or Source of Health Care \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

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/Guardian Signature                      Date                      Parent/Guardian Signature                      Date

People authorized to pick up my child after school \_\_\_\_\_

\_\_\_\_\_  
Name/Relationship                      Phone

\_\_\_\_\_  
Name/Relationship                      Phone

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

**Photo Release:** I hereby grant the Waldorf School of Baltimore permission to use my child's photograph for publicity purposes, e.g. marketing materials, the Waldorf School of Baltimore web site and Facebook page.

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

**Non-Vehicle Trip Permission** I give permission for my child to take part in walking trips between buildings & nature walks.

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

**PARENTS: You must notify us of any vital information changes. Thank you.**

