

# Waldorf School of Baltimore Upper School Emergency Form 2010 - 2011

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Student'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.

**Sports and Activities** By my signature below, I am giving my consent for my child to participate in all sports and activities supervised and sponsored by the Waldorf School of Baltimore. I understand that the information provided on this form may be shared with faculty, counselors, coaches, and administrators at the School's discretion. I will inform the School of any changes in my child's medications or medical condition.

**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 \_\_\_\_\_ Date \_\_\_\_\_

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