

Waldorf School of Baltimore Upper School Emergency Form 2011 - 2012

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.

Parent Signature _____ Date _____

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