

EMERGENCY CONTACT / PARENTAL CONSENT FORM

Please Print Legibly (Items with an * will appear in the school directory)

CHILD'S NAME* (LAST / FIRST / MIDDLE)		GRADE*	BIRTHDATE
HOME ADDRESS*			
MOTHER'S NAME/LEGAL GUARDIAN* (FIRST / LAST)		EMAIL*	HOME TELEPHONE NUMBER* ()
ADDRESS (IF DIFFERENT THAN ABOVE)			CELL PHONE NUMBER* ()
BUSINESS NAME & ADDRESS		DAYS OF WEEK: (circle) MON TUES WED THURS FRI	BUSINESS TELEPHONE NUMBER ()
FATHER'S NAME/LEGAL GUARDIAN* (FIRST / LAST)		EMAIL*	HOME TELEPHONE NUMBER* ()
ADDRESS (IF DIFFERENT THAN ABOVE)			CELL PHONE NUMBER* ()
BUSINESS NAME & ADDRESS		DAYS OF WEEK: (circle) MON TUES WED THURS FRI	BUSINESS TELEPHONE NUMBER ()
PARENT(S) WILL BE CONTACTED PRIOR TO ANY EMERGENCY CONTACTS BELOW			
EMERGENCY CONTACT (OTHER THAN ABOVE) NAME	ADDRESS (REQUIRED)	RELATIONSHIP	TEL. NO.: () CELL NO.: ()
NAME	ADDRESS (REQUIRED)	RELATIONSHIP	TEL. NO.: () CELL NO.: ()
NAME	ADDRESS (REQUIRED)	RELATIONSHIP	TEL. NO.: () CELL NO.: ()
PERSON(S) TO WHOM CHILD MAY BE RELEASED NAME	ADDRESS (REQUIRED)	RELATIONSHIP	TEL. NO.: ()
NAME	ADDRESS (REQUIRED)	RELATIONSHIP	TEL. NO.: ()
NAME	ADDRESS (REQUIRED)	RELATIONSHIP	TEL. NO.: ()
MEDICAL INFORMATION			
CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER			TEL. NO.:
NAME	ADDRESS		()
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION			
ALLERGIES TO MEDICATION, FOOD OR OTHER (INCLUDE BRIEF DESCRIPTION OF REACTION AND SYMPTOMS)			
MEDICATION NEEDED OR SPECIAL CONDITIONS RELATING TO ABOVE		SPECIAL DISABILITIES (IF ANY)	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS			POLICY NUMBER
HOSPITAL OF CHOICE (IMPORTANT)			TELEPHONE NUMBER ()
PARENT/GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE CONSENT			
ADMINISTER MINOR FIRST-AID PROCEDURES	OBTAIN EMERGENCY MEDICAL CARE	TRANSPORTATION BY AMBULANCE	

I certify that I have provided the above information.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Sign and date below when any of the above information is revised.

SIGNATURE OF PARENT OR GUARDIAN

DATE

ADDENDUM TO EMERGENCY FORM

Please check the items that you do give permission for your child to receive:

Homeopathic Remedies

- Weleda Arnica Cream (*bumps & bruises*) - [contains peanut oil]
- Nelsons Arnica Cream (*bumps & bruises*)
- Boericke & Tafel Arniflora Arnica Gel (*bumps & bruises*)
- Weleda Arnica Tablets (*taken orally, bruising & muscle soreness*)
- Weleda Calendula Ointment (*rashes & minor skin irritations*) - [contains peanut oil]
- Weleda Burn-Care (*burns & sunburn*)
- Boericke & Tafel Sting Stop Gel (*insect bites & stings*)
- Weleda Wound-Care (*cuts, abrasions & slow healing wounds*) - [contains peanut oil]
- Distress Remedy (*taken orally for emotional distress due to minor accidents/injuries*)
- Apis Mell (*taken orally for stings, bites & swelling*)
- Nux Vom (*taken orally for nausea, upset stomach*)

Over-the-Counter Remedies

- Tylenol / Acetaminophen (*children's and junior's available, administered based on age and weight*)
- Benadryl
- Triple-Antibiotic Cream (*cuts & abrasions*)
- Peroxide (*cleaning cuts & abrasions*)
- Eye-wash (saline solution) (*to remove dirt or other particles from the eye*)
- Caladryl lotion (*itch reliever*)
- Rhuli Anti-itch gel (*itch reliever*)

SIGNATURE

PRINT NAME

DATE

Permission and Waiver for Walks

I, the undersigned parent or legal guardian of _____ (*print child's name*), in grade _____, understand that my child's teacher at the Susquehanna Waldorf School may decide to take his or her class on walks in and about the town of Marietta, Pennsylvania on a regular basis throughout the calendar year. I hereby grant my child permission to participate in any and all such walks. In addition, intending to be legally bound hereby, I, on behalf of my child and myself, waive, release and forever discharge any and all rights and claims for damages that my child or I may have or which may hereinafter accrue against the Susquehanna Waldorf School, its agents, officers or employees arising out of my child's participation in any such walks.

SIGNATURE

PRINT NAME

DATE

Release to Use Photographs

I, _____, parent or legal guardian of _____, **consent** and authorize Susquehanna Waldorf School, its successors and assigns, to use and reproduce photograph(s) of him/her taken at the Susquehanna Waldorf School and possibly identify him/her by name in the publication of local magazines or the school's website.

OR

I, _____, parent or legal guardian of _____, **do not consent or authorize** Susquehanna Waldorf School, its successors and assigns, to use and reproduce photograph(s) of him/her taken at the Susquehanna Waldorf School and possibly identify him/her by name in the publication of local magazines or the school's website.

SIGNATURE

PRINT NAME

DATE