

# SUSQUEHANNA WALDORF SCHOOL EMERGENCY CONTACT / PARENTAL CONSENT FORM

Please Print Legibly

<b>CHILD'S NAME</b> (LAST / FIRST)	<b>GRADE</b>	<b>BIRTHDATE</b>
HOME ADDRESS		
<b>PARENT'S NAME/LEGAL GUARDIAN</b> (FIRST / LAST)		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 (    )
<b>PARENT'S NAME/LEGAL GUARDIAN</b> (FIRST / LAST)		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**

<b>EMERGENCY CONTACT</b> (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.: (    )
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b> NAME	ADDRESS (REQUIRED)	RELATIONSHIP	TEL. NO.: (    )
NAME	ADDRESS (REQUIRED)	RELATIONSHIP	TEL. NO.: (    )
NAME	ADDRESS (REQUIRED)	RELATIONSHIP	TEL. NO.: (    )

**MEDICAL INFORMATION**

<b>CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b> NAME ADDRESS	TEL. NO.: (    )
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
<b>HOSPITAL OF CHOICE</b> (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
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*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

- Nelsons Arnica Cream (*for bumps & bruises*)
- Weleda Arnica Tablets (*taken orally, for bruising & muscle soreness*)
- Weleda Burn-Care (*for burns & sunburn*)
- Boericke & Tafel Sting Stop Gel (*for insect bites & stings*)
- Weleda Wound-Care (*for cuts, abrasions & slow healing wounds*)
- Distress Remedy (*taken orally for emotional distress due to minor accidents/injuries*)

*Note: None of the above products contain peanut oil.*

### Over-the-Counter Remedies

- Acetaminophen or Ibuprofen (*children's and junior's available*)
- Triple-Antibiotic Cream (*for cuts & abrasions*)
- Peroxide (*for cleaning cuts & abrasions*)
- Eye-wash (saline solution) (*to remove dirt or other particles from the eye*)
- Caladryl or Calamine lotion (*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*

## Media Consent Form

Family Name: \_\_\_\_\_

\_\_\_\_\_ I **DO** consent and authorize Susquehanna Waldorf School, its successors and assigns, to use media footage taken of any member of our family where indicated ( ) below and possibly identify him/her by name and agree to hold harmless the Susquehanna Waldorf School from any liability that may result from the use of said media image(s).\*

- Brochures                       Advertisements                       Social Media (i.e. facebook)
- School publications                       Website

\_\_\_\_\_ I **DO NOT** consent and authorize Susquehanna Waldorf School, its successors and assigns, to use media footage taken of any member of our family and possibly identify him/her by name and agree to hold harmless the Susquehanna Waldorf School from any liability that may result from the use of said media image(s).\*

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*PRINT NAME*

\_\_\_\_\_  
*DATE*

*\*This form does not qualify for consent of individual class websites, field trip photos, etc.*