

2016-2017
Waldorf High School of Massachusetts Bay
Emergency Sheet

Date: _____

Student's name: _____

Birth date: _____ Grade: _____

Street: _____

City: _____

State: _____ Zip: _____

Primary phone # for school messages i.e. snow days:

Parent home phone: _____

Parent home e-mail address:

Student cell phone: _____

Student E-Mail address: _____

Medical Information

Student's Doctor: _____

Name: _____

Phone: _____

Street: _____

City: _____

State: _____ Zip: _____

Student medical information (physical or emotional), i.e. allergies, etc.

Medications student takes:

No over-the-counter medications will be administered without a Parent/Guardian Medication Consent Form, including Tylenol or Advil. Also required for prescription medications (see below).

I have attached a completed Parent/Guardian Medication Consent Form.

No prescription medications will be administered without a Licensed Prescriber Medication Order Form along with the Parent/Guardian Medication Consent Form.

I have attached a completed Licensed Prescriber Medication Order Form.

I have attached a completed Parent/Guardian Medication Consent Form.

Mother/Guardian's name & daytime information:

Where parents/caregivers can be reached during the day in case of emergency:

Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Phone: _____

Cell phone: _____

E-Mail: _____

Father/Guardian's name & daytime information:

Where parents/caregivers can be reached during the day in case of emergency:

Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Phone: _____

Cell Phone: _____

E-Mail: _____

TURN OVER TO COMPLETE FORM

Please provide two alternate names of people who could care for your child in case of illness or accident:

Name #1: _____

Relationship: _____

Street: _____

City: _____

State: _____ Zip: _____

Day time phone: _____

Cell phone: _____

Name #2: _____

Relationship: _____

Street: _____

City: _____

State: _____ Zip: _____

Day time phone: _____

Cell phone: _____

IN CASE OF MEDICAL EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY WALDORF HIGH SCHOOL OF MASSACHUSETTS BAY TO SECURE PROPER TREATMENT FOR MY CHILD,

X _____
Signature of parent or guardian:

I ALSO GIVE PERMISSION FOR MY CHILD TO BE TREATED AT THE NEAREST FACILITY (MT. AUBURN HOSPITAL) OR OTHER HOSPITAL SELECTED BY THE BELMONT FIRE DEPARTMENT PERSUANT TO THE INJURY.

X _____
Signature of parent or guardian:

Date: _____

Insurance plan under which student is covered:

Insurance Company: _____

Type of plan: _____

Certificate #: _____

Subscriber: _____

Note: *It is understood that Waldorf High School of Massachusetts Bay will attempt to contact parents immediately in the event of an emergency. The above release statement will enable the school to secure medical/surgical care for your child should the school be unable to reach you.*