



2019-20 EMERGENCY CONTACT / PARENTAL CONSENT FORM

Every block must be filled in.

| | | |
|--|---|---------------------------------------|
| CHILD'S NAME: (last / first): | GRADE: | Birthdate: |
| CHILD'S ADDRESS: | | |
| PARENT'S NAME / LEGAL GUARDIAN: (first / last) | | Preferred Phone #: |
| Address (if different than above) | | Other Phone #: |
| Employer Name & Address: | | Employer Phone #: |
| PARENT'S NAME / LEGAL GUARDIAN: (first / last) | | Preferred Phone #: |
| Address (if different than above) | | Other Phone #: |
| Employer Name & Address: | | Employer Phone #: |
| OTHER EMERGENCY CONTACTS (PARENTS WILL BE CONTACTED FIRST) | | |
| Name: | Address: (required) | Phone: |
| Relationship: | | |
| Name: | Address: (required) | Phone: |
| Relationship: | | |
| Name: | Address: (required) | Phone: |
| Relationship: | | |
| PERSON(S) TO WHOM CHILD MAY BE RELEASED | | |
| Name: | Address: (required) | Phone: |
| Relationship: | | |
| Name: | Address: (required) | Phone: |
| Relationship: | | |
| Name: | Address: (required) | Phone: |
| Relationship: | | |
| MEDICAL INFORMATION | | |
| Child's Medical Care Provider Name: | Address: | Phone: |
| Medical or Dietary Info Necessary in Emergency Situation: | | |
| Allergies to Medication, Food, or Other (include brief descriptions of reactions and symptoms): | | |
| Medication Needed or Special Conditions Relating to Above: | | |
| Additional Information on Special Needs of Child: | | |
| Health Insurance Coverage for Child or Medical Assistance Benefits: | | Policy Number: |
| Hospital of Choice (important): | | Hospital Phone: |
| PARENT / GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM (1, 2, 3) BELOW TO INDICATE CONSENT | | |
| 1. Administer Minor First-Aid Procedures | 2. Obtain Emergency Medical Care | 3. Transportation by Ambulance |
| I certify that I have provided the above information. | | Date: |
| Signature of Parent/Guardian | | |

PLEASE SEE OTHER SIDE

ADDENDUM TO EMERGENCY FORM

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

Homeopathic Remedies (no products contain peanut oil)

- | | |
|---|---|
| <input type="checkbox"/> Nelson's Arnica Cream (for bumps and bruises) | <input type="checkbox"/> Weleda Burn-Care (for burns & sunburns) |
| <input type="checkbox"/> Weleda Wound Care (for cuts, abrasions, and slow healing wounds) | <input type="checkbox"/> Weleda Arnica Tablets (taken orally, for bruising & muscle soreness) |
| <input type="checkbox"/> Boericke & Tafel Sting Stop Gel (for insect bits & stings) | <input type="checkbox"/> Distress Remedy (taken orally for emotional distress due to minor accident/injury) |

Over-the Counter Remedies

- | | |
|---|---|
| <input type="checkbox"/> Acetaminophen or Ibuprofen (children's and junior's available) | <input type="checkbox"/> Eye-Wash/ Saline Solution (to remove dirt or other particles from eye) |
| <input type="checkbox"/> Triple-Antibiotic Cream (for cuts & abrasions) | <input type="checkbox"/> Caladryl or Calamine Lotion (itch reliever) |
| <input type="checkbox"/> Peroxide (for cleaning cuts & abrasions) | <input type="checkbox"/> Benadryl |

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

() **Brochures** () **School Publications** () **Advertisements** () **Website** () **Facebook and other social media**

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