

2022-2023 EMERGENCY CONTACT/PARENTAL CONSENT FORM



**PLEASE
RETURN**

Every block must be filled in.

STUDENT NAME: (last / first):	Grade:	Date of Birth:
STUDENT'S ADDRESS:		
PARENT / LEGAL GUARDIAN NAME: (first / last)	Preferred Phone Number:	
Address: (if different than above)	Alt Phone Number:	
PARENT / LEGAL GUARDIAN NAME: (first / last)	Preferred Phone Number:	
Address: (if different than above)	Alt Phone Number:	
Is custody information on file with the school? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No		
EMERGENCY CONTACTS (PARENTS WILL BE CONTACTED FIRST)		
Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:
ADDITIONAL PERSON(S) TO WHOM CHILD MAY BE RELEASED		
Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:
STUDENT'S MEDICAL INFORMATION		
Health Care Provider:	Phone Number:	
Health Insurance Provider:	Policy #:	
Allergies, Medical, or Dietary Information Necessary in an Emergency Situation: <input type="radio"/> None Known		
Check if needed while at school, <input type="radio"/> Epipen <input type="radio"/> Asthma Inhaler		
<input type="radio"/> Other: _____		
Hospital of Choice:		

PLEASE COMPLETE OTHER SIDE.

MEDIA CONSENT FORM

- I DO consent and authorize the Susquehanna Waldorf School, its successors, and assigns to use media footage/image(s) taken of any member of our family and possibly identify them 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 the consent of individual class websites, field trip photos, etc.**
- I DO NOT consent nor authorize the Susquehanna Waldorf School, its successors, and assigns to use media footage/image(s) taken of any member of our family and possibly identify them 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).

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 their 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.

Please check the items you permit your child to receive during the school day, on walks, and/or while on field trips.

Homeopathic Remedies (no product contains peanut oil)

- | | |
|--|---|
| <input type="checkbox"/> Arnica Cream (for bumps and bruises) | <input type="checkbox"/> Arnica/Apis Tablets |
| <input type="checkbox"/> Weleda Burn Care (for burns and sunburns) | <input type="checkbox"/> Calendula Cream |
| <input type="checkbox"/> Boericke & Tafel Sting Stop Gel (for insect bites & stings) | <input type="checkbox"/> Rescue Remedy |
| | <input type="checkbox"/> Aurum Lavender Rose Cream by Uriel |

Over-the-Counter Remedies

- | | |
|--|---|
| <input type="checkbox"/> Children's/Adult Acetaminophen or Ibuprofen | <input type="checkbox"/> Calamine Lotion |
| <input type="checkbox"/> Triple-Antibiotic Cream | <input type="checkbox"/> Peroxide |
| <input type="checkbox"/> First Aid Antiseptic Spray | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Tummy Drops (for upset tummies) | <input type="checkbox"/> Ricola Cough Drops |

CONSENT TO ADMINISTER MEDICAL CARE

By signing this document, I certify that all of the above information is correct, up to date, and that I consent to the Susquehanna Waldorf School staff administering minor first aid &/or obtaining emergency medical care that may include transportation by ambulance.

Parent/Legal Guardian Signature

Print Name

Date