



2020-2021 EMERGENCY CONTACT & AUTHORIZATION FORM (Grades 1-12)

STUDENT NAME: _____ GRADE: ____ DOB: _____
PRIMARY ADDRESS: _____ HOME PHONE: _____
Phone is: landline parent/guardian cell

At above address Note: We will include parent contact information in the family roster unless you write "do not publish"

Parent 1 / Guardian: _____ Parent 2 / Guardian: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
E-mail: _____ E-mail: _____

OTHER HOME ADDRESS _____ HOME PHONE: _____
Phone is: landline parent/guardian cell

Parent 3 / Guardian: _____ Parent 4 / Guardian: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
E-mail: _____ E-mail: _____

STUDENT EMAIL, if applicable: _____ STUDENT CELL, if applicable: _____

LIST ANY AND ALL MEDICATIONS, including dosage information (attach additional sheet if necessary) – write "none" if none

ALLERGIES OR EXCEPTIONAL PHYSICAL CONDITIONS (attach additional sheet if necessary) – write "none" if none

MEDICAL PROVIDERS:
Primary / regular physician Name: _____ Phone: _____
Dentist Name: _____ Phone: _____

MEDICAL INSURANCE COVERAGE: You are welcome to attach a photocopy of the insurance card
Company: _____ Phone: _____
Plan / Group Name(s) & Number(s): _____
Member Name: _____ Member ID: _____

ADDITIONAL EMERGENCY CONTACTS: If there is an emergency and parent(s) / guardian(s) cannot be reached, the following person(s) may be contacted and is/are authorized to pick the student up from school or from a school activity in my/our stead:
Name: _____ Name: _____
Relationship: _____ Relationship: _____
Phone: _____ Phone: _____

RELEASE AND CONSENT: I have provided the Washington Waldorf School, Inc. with all information regarding any medical conditions and/or allergies, and any regular medications taken by my child. I authorize and give permission for any Washington Waldorf School, Inc. employee to administer first aid, and/or to take or accompany my child to a physician or hospital for emergency treatment if it appears necessary in the judgment of the School. I understand that the School will utilize Emergency Medical Services (EMS) as it deems necessary and appropriate, and that EMS may transport my child to the most appropriate hospital in the area, at their discretion. I give consent for a licensed physician and/or the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). I agree to accept responsibility for all medical expenses incurred in the treatment of my child that are not covered by the Washington Waldorf School, Inc. student insurance policy.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____