



Emergency Authorization and Consent Form

Child's Name: _____ Grade: _____ Birth date: _____

Address: _____ City: _____

Special medical information (e.g. allergy to bee stings or certain medicines, on any medications, etc.):

Where parents can be reached in case of emergency (Days - home, work, other possible places, cell phone, etc):

Parent's/Guardian's name: _____ Phone: _____

Cell Phone: _____

Place of business: _____

Phone: _____

Parent's/Guardian's name: _____

Phone: _____

Cell Phone: _____

Place of business: _____

Phone: _____

Family doctor's name: _____

Phone: _____

Doctor's address _____

City: _____

Insurance Company child is covered by: _____

Type of plan: _____

Certificate number _____ Subscriber: _____

Religious preference: _____

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

In case of medical emergency, I hereby authorize Cape Ann Waldorf School to transport my child to the nearest hospital and to secure for my child the necessary medical treatment.

I understand that the teachers at Cape Ann Waldorf School are trained in the basics of first aid, and I authorize them to give my child first aid when they judge it is needed.

In case of illness or accident not requiring a doctor, if parents are not available, I hereby authorize Cape Ann Waldorf School to release my child to the following persons/persons (who could be reached by phone to pick up my child and care for him/her): (This should be someone other than the parents.)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Date

Signature of Parent/Guardian