

Child's Last Name: _____ Child's First Name: _____ Grade: _____

Date of Birth: _____ Male / Female _____ Child's Address: _____

Parent #1 Name: _____	Home#: _____
Address: _____	Cell#: _____
City _____ State _____ Zip _____	Work#: _____
Workplace: _____	E-mail: _____

Parent #2 Name: _____	Home#: _____
Address: _____	Cell#: _____
City _____ State _____ Zip _____	Work#: _____
Workplace: _____	E-mail: _____

Emergency Contacts/Persons Authorized to Pick-up

Name: _____	Name: _____	Name: _____
Relation: _____	Relation: _____	Relation: _____
Address: _____	Address: _____	Address: _____
Home #: _____	Home #: _____	Home #: _____
Work #: _____	Work #: _____	Work #: _____
Cell #: _____	Cell #: _____	Cell #: _____

Name: _____	Name: _____	Name: _____
Relation: _____	Relation: _____	Relation: _____
Address: _____	Address: _____	Address: _____
Home #: _____	Home #: _____	Home #: _____
Work #: _____	Work #: _____	Work #: _____
Cell #: _____	Cell #: _____	Cell #: _____

I authorize the above named persons to pick-up my child. _____
 Parent or Guardian Signature _____ Date _____

Health Professional Information

Physician Name: _____ Phone #: _____

Address: _____
 Street City State Zip

Dentist Name: _____ Phone #: _____

Address: _____
 Street City State Zip

Health Insurance Company Name: _____ Policy#: _____ **No Insurance** (circle if applicable)

Hospital of Choice: _____

I give my permission to the faculty and staff of Shepherd Valley Waldorf School to pursue medical or surgical care for my above named child should the need arise. The permission may include transportation to and from a medical facility by a faculty or staff member or calling for an ambulance. In so agreeing, I acknowledge that a conscientious effort will be made to contact me before taking action if the nature of the situation allows. I agree to accept any expense incurred.

 Parent or Guardian Signature _____ Date _____

Driver Information for Field Trips

I/we can drive for field trips for Shepherd Valley Waldorf School. I will abide by the transportation guidelines as published in the Parent Handbook.

Parent #1: _____ Parent #2: _____

Current Colorado Driver's License #: _____ Current Colorado Driver's License #: _____

Auto Insurance Company: _____ Policy #: _____ Expiration Date: _____

 Parent or Guardian Signature _____ Date _____