

Shepherd Valley Waldorf School
Camp Emergency Form - One Emergency Form per child, please

Child's Name _____ Date of Birth _____ Male or Female? _____

Grade Entering in the Fall of 2008 _____ School _____ Home Phone _____

Parent or Legal Guardian #1

Name _____ Home Phone _____

Address _____ Cell Phone _____

Email Address _____ Work Phone _____

Parent or Legal Guardian #2

Name _____ Home Phone _____

Address _____ Cell Phone _____

Email Address _____ Work Phone _____

Emergency Medical Information

Physician _____ Phone Number _____

Address _____

Dentist _____ Phone Number _____

Address _____

Health Insurance Company _____ Policy Number _____

Hospital Preference _____

Dietary Restrictions: _____

What type of reaction will occur if your child is exposed to the restricted foods? _____

Allergies: _____

What type of reaction will occur if your child is exposed to the allergens? _____

Immunization Card

We must have a current record for every child in our programs. This is a state requirement. If Shepherd Valley does not already have a current copy of your child's Immunization Card on file, you will be sent an Immunization Card in the mail. If your child's card is on file, please send in a current record if there are updates.

Shepherd Valley Waldorf School
Camp Medical Authorization and Liability Release

As parent or legal guardian of _____, I hereby 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 emergency medical service ambulance. An attempt will be made to contact the parents before any action is taken. I agree to accept any expenses incurred.

 Parent or Legal Guardian Signature

 Date

Field Trip Permission

As parent or legal guardian of _____, I hereby give my permission for him/her to travel away from Shepherd Valley Waldorf School on instructor supervised field trips. This permission is granted for trips either by foot or by vehicle. I understand that I will be notified prior to scheduled trips, and that children will be properly restrained in a car seat or wearing a seat belt. I further understand that in giving permission for trips, that I release Shepherd Valley Waldorf School and the adult supervisors in attendance from any liability in the event of an accident.

 Parent or Legal Guardian Signature

 Date

Sunscreen Authorization

As parent or legal guardian of _____, I agree to the following: My child's childcare provider will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs and feet 15-30 minutes before outdoor activities. Children over four years of age apply sunscreen to themselves under the direct supervision of a staff member. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed, any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum SPF of 15. In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school.

 Parent or Legal Guardian Signature

 Date

Emergency Pick-up and Sign out Authorization

As parent or legal guardian of _____, I hereby give my permission for the following adults 18 years and older to sign out my above named child from Shepherd Valley Waldorf School and should be contacted in an emergency when I cannot be reached. I accept responsibility for informing Shepherd Valley Waldorf School, in writing, when the below information changes.

Name	Relationship to Child	Age	Home Phone	Cell Phone	Work Phone

 Parent or Legal Guardian Signature

 Date