

STUDENT'S LAST NAME: _____ FIRST NAME: _____ BIRTHDAY: _____ GRADE: _____

PARENT/GUARDIAN(1) NAME: _____ PARENT/GUARDIAN(2) NAME: _____

STREET ADDRESS: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE _____ HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ EMPLOYER: _____

WORK PHONE: _____ WORK PHONE: _____

EMAIL: _____ EMAIL: _____

PLEASE NOTE: Most correspondence to parents and the *Weekly Announcements* are sent via email. Please check your email regularly to receive important school information. If you have no computer access, it is imperative that you communicate this to the **High School Registrar** and **High School Administrator**.

___ I do not have email. Please send all correspondence via United States Postal Service mail.

HS student access to a home computer/printer - Yes ___ No ___ Student's email _____ Student's cell phone _____

IN THE CASE PARENT(S) CANNOT BE REACHED DURING SCHOOL HOURS, please list two additional names of responsible adults to be notified:

NAME(1): _____ PHONE: _____ RELATIONSHIP: _____

NAME(2): _____ PHONE: _____ RELATIONSHIP: _____

PLEASE INDICATE ACTION DESIRED IN THE EVENT OF AN ACCIDENT OR EMERGENCY (CHECK 1 OR 2):

1. In the event of an accident or other emergency when a parent is unavailable, I hereby authorize a representative of San Francisco Waldorf School to make such arrangements as she/he considers necessary for my student to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my student as he or she considers necessary. In the event the said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon. The undersigned on the reverse side of this form hereby agree to bear all costs incurred as a result of the foregoing.

PHYSICIAN NAME: _____ PHONE: _____

2. I/we do not choose the above statement and desire the following action: _____
- _____

SPECIAL CUSTODY ISSUES WHICH MAY ARISE: _____

PLEASE CHECK HERE IF THERE ARE NO KNOWN HEALTH PROBLEMS

PLEASE NOTE! By law, the school may not provide any type of medication for students. You will need to send aspirin, Tylenol, etc., with your child should he/she need it during school hours.

PLEASE CHECK THE FOLLOWING ITEMS IF THEY PERTAIN TO YOUR STUDENT:

1. LIST ANY PRESCRIBED MEDICATIONS TO BE TAKEN DAILY DURING SCHOOL HOURS:

Medication/Dosage: _____ for: _____

EDUCATION CODE 12020 REQUIRES PARENTS TO INFORM THE SCHOOL OF THE MEDICATIONS BEING TAKEN UPON A PHYSICIAN'S PRESCRIPTION AND AUTHORIZES THE SCHOOL TO CONTACT THE PHYSICIAN WITH PARENTAL CONSENT.

2. KNOWN EYE CONDITION OR DEFECT IN VISION GLASSES WORN AT ALL TIMES

3. KNOWN HEARING PROBLEM USE OF HEARING AID

Comments: _____

4. SUBJECT TO CONDITION WHICH MAY RESULT IN CLASSROOM EMERGENCY SUCH AS:

Epilepsy Diabetes Asthma Heart Condition Other (explain below):

5. PLEASE LIST ALL ALLERGIES (E.G., BEE STINGS, SPECIFIC FOOD ITEMS): _____

6. CHILD HAS A PHYSICAL CONDITION WHICH LIMITS CLASSROOM ACTIVITIES OR PHYSICAL EDUCATION CLASS PARTICIPATION.

If checked, please explain: _____

TRIP AND MEDICAL AUTHORIZATION (effective 2009-2013)

_____ has my/our permission to be transported by private car or bus on trips to be made by his/her class or as
(Student's Name)

a member of a school group engaging in a special activity. This permission is given for all trips for the duration of his/her enrollment in the school. In the event of an accident or other emergency when a parent is unavailable, I/we authorize a representative of San Francisco Waldorf School to make such arrangements as may be necessary for my/our student to receive medical care, including necessary transportation. I/we authorize any licensed physician to undertake such treatment of my/our student as he/she considers necessary. I/we agree to bear all costs incurred as a result of the foregoing.

MODEL RELEASE FORM

San Francisco Waldorf School is creating a photo library for use in marketing materials, website and other representative products for the organization.

I/we hereby give permission to San Francisco Waldorf School to use photographic likeness of _____ in all forms and media
(Student's Name)

for marketing, promotion and other lawful purposes pertaining to the school for an unlimited time without consideration (payment).

PARENT(1) SIGNATURE

DATE

PARENT(2) SIGNATURE

DATE