

Summerfield | WALDORF SCHOOL AND FARM

Farm Camp Information & Emergency Authorization (Please fill out one for each child)

Birthdate _____ Child's Name _____ Age _____
First Last

I hereby consent to my child receiving any of the following, either at school or at an off-campus school sponsored activity.

School office: Homeopathic or Anthroposophical Remedy _____ Tylenol _____ Advil _____

1. _____
Parent or Guardian Home Address/City/Zip Home Phone

Cell Phone Other #

Business Name Address Work Phone

2. _____
Parent or Guardian Home Address/City/Zip Home Phone

Cell Phone Other #

Business Name Address Work Phone

3. _____
Doctor Address/City/Zip Phone

Insurance Policy #

4. _____
Dentist Address Phone

Note: Please indicate below any factor that we, or a doctor or dentist, should be aware of in providing medical, dental or other treatment to your child, including allergies to food, medicines, insects or plants.

1. Does your child have any allergies? Yes _____ No _____

Please list all allergies: *What do we look for? What actions need to be taken?*

2. Does your child have any other special needs? Yes _____ No _____

Please list any special needs below.

3. Is your child taking medication? Yes _____ No _____

Please list medications here:

Please complete other side.

Medical Release and Disaster/Emergency Form

I. Emergency or Medical Release

I, _____, parent or legal guardian of _____ a minor child, authorize the following people to either be contacted or pick up my child in the event of a medical or disaster emergency. I understand that I or my designee may have to show identification if there is a question by one of the staff. I agree that I or my designee will sign out my child with the time of pick up, destination, and a telephone number where I or he/she can be located. (Keep these names available for your reference.)

Name 1: _____	Name 3: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Name 2: _____	Name 4: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

II. Consent to Emergency Treatment

(I/We), the undersigned, parent(s) (legal guardian) do hereby authorize any adult employee of Summerfield Waldorf School, or any adult acting under the direction of or on behalf of any adult employee of Summerfield Waldorf School (hereafter, "the agents of Summerfield Waldorf School"), whether at school or in an off-campus school sponsored activity, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medicine Practice Act, or to consent to X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific emergency treatment being required, but is given to provide authority and power on the part of the Summerfield Waldorf School to give specific consent to any and all such emergency treatment. (*Exceptions*: please attach separate sheet to explain.)

This authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code, and will be applied to emergency care only in those cases where the parent cannot be located in time to give consent herself/himself.

(I/We) also authorize said agents of Summerfield Waldorf School to transport said minor in whatever manner is deemed necessary and reasonable under the circumstances, including transportation by emergency or rescue vehicle, to whatever emergency treatment center is deemed appropriate. In the event that an ambulance or other emergency vehicle is summoned, it is understood that the appropriate agent of Summerfield Waldorf School will either accompany the minor in the emergency vehicle or meet the vehicle at the designated medical facility.

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

I have read and agree to comply with the above **Emergency and Medical Release Form**:

Signature of Parent or Guardian Date

Out-of-state message phone # in case of local power and phone outages: _____

For Farm Camp Staff Use in the event of an emergency:

Name Sign Out Time

Destination Phone

Teacher or Staff Signature