

**Social Services Form for Emergency and Authorized Pick Up Information
2011-2012 (September 6, 2011)**

Child's Information

First and Last Name	Nickname	Gender	Date of Birth
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
Please Give the Name of Any Other School or Program that the Child Currently Attends			Grade

Parents/Guardian

Parent/Guardian (1)	Relationship	Place Employed
Home Phone	Cell Phone	Work Phone
Home Address		
Parent/Guardian (2)	Relationship	Place Employed
Home Phone	Cell Phone	Work Phone
Home Address		
Legal Custody: If Persons Having Legal Custody Differ from the Parents/Guardians Listed Above, Please Provide the Name, Address, and Phone Number of the Individuals or Agency.		

Emergency Information

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency	
Child's Physician	Phone
Names and Addresses of Two People to Contact if Parents/Guardians Cannot Be Reached 1)	Phone
2)	Phone

Authorized Pick-Up

Person(s) Authorized To Pick Up Child
Person(s) Specifically <u>NOT</u> Authorized To Pick Up Child*

* Attach appropriate paperwork such as custody papers if a parent is not allowed to pick up the child.

OVER

Agreements

1. The school agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.
2. The parent/guardian authorizes the school to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately. *** If there is an objection to the school seeking emergency medical care, the parents or guardian should prepare a statement to the school that states their objection and the reason for their objection.*

Hospital Preference: _____

3. Other: _____

Signatures

Parent or Guardian _____
Date

I give permission for my child _____ to walk or bike home from school.

Signature of Parent/Guardian _____ Date _____

Permission to Transport and Go On Class Walks

My child has permission to be transported by private car (adult-driven) or by van/bus on school-approved trips to be made by his/her class. This permission also includes supervised walks around the school neighborhood with a Richmond Waldorf School teacher(s). I understand I will be notified in advance of each field trip.

This permission is granted for all trips/walks for the 2010-2011 school years.

Child's Name _____

Signature of Parent/Guardian _____ Date _____

Permission to Use Child's Photo

Richmond Waldorf School has permission to use my child's photo in the creation of materials used to publicize our school.

This permission is granted for all photos taken during the 2010-2011 school year.

Child's Name _____

Signature of Parent/Guardian _____ Date _____