



GRADE SCHOOL & OFFICE
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Seattle, WA 98125

KINDERHAUS
4919 Woodlawn Ave N
Seattle, WA 98103

HIGH SCHOOL
160 John Street
Seattle, WA 98109

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FOR SCHOOL YEAR
2011-2012

EMERGENCY & CONSENT FORM

Student

LAST NAME _____ FIRST NAME _____ DIRECTORY NAME (IF DIFFERENT) _____ DATE OF BIRTH _____ GRADE/KG CLASS _____

Parent or Guardian One

LAST NAME _____ FIRST NAME _____

DIRECTORY NAME (IF DIFFERENT) _____ RELATIONSHIP TO STUDENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

() _____

HOME PHONE _____

() _____

CELL / PAGER _____

EMAIL TO PUBLISH IN DIRECTORY _____ CHECK BOX TO OPT OUT _____

() _____

WORK PHONE _____

EMPLOYER _____ POSITION _____

Parent or Guardian Two

LAST NAME _____ FIRST NAME _____

DIRECTORY NAME (IF DIFFERENT) _____ RELATIONSHIP TO STUDENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

() _____

HOME PHONE _____

() _____

CELL / PAGER _____

EMAIL TO PUBLISH IN DIRECTORY _____ CHECK BOX TO OPT OUT _____

() _____

WORK PHONE _____

EMPLOYER _____ POSITION _____

Child lives with: Both Parents Mother Father Other _____

Emergency Contacts & Pick Up Information

EMERGENCY CONTACT AUTHORIZED TO PICK UP

FULL NAME _____ RELATIONSHIP _____ ADDRESS _____
() _____ () _____ () _____
HOME PHONE _____ CELL/PAGER _____ WORK PHONE _____

FULL NAME _____ RELATIONSHIP _____ ADDRESS _____
() _____ () _____ () _____
HOME PHONE _____ CELL/PAGER _____ WORK PHONE _____

FULL NAME _____ RELATIONSHIP _____ ADDRESS _____
() _____ () _____ () _____
HOME PHONE _____ CELL/PAGER _____ WORK PHONE _____

FULL NAME _____ RELATIONSHIP _____ ADDRESS _____
() _____ () _____ () _____
HOME PHONE _____ CELL/PAGER _____ WORK PHONE _____

FULL NAME _____ RELATIONSHIP _____ ADDRESS _____
() _____ () _____ () _____
HOME PHONE _____ CELL/PAGER _____ WORK PHONE _____

- I hereby authorize this student to walk or bicycle home at the end of the school day.
- I hereby authorize this student to be picked up by any Seattle Waldorf School parent.

ALERTNOW Notification Service This service provides SWS with an efficient way to send a telephone or email message to our entire school body at one time. Please provide all requested contact information:

I would like **email announcements** of school and class events and news sent to the following email address(es):

EMAIL 1 _____ EMAIL 2 _____

EMAIL 3 _____ EMAIL 4 _____

In the case of **school delays or cancellations** due to inclement weather please call us at: ()
TELEPHONE

In the event of an **emergency at school** the following numbers should be called (will be simultaneously dialed):

() _____ () _____

TELEPHONE 1 _____ TELEPHONE 2 _____

() _____ () _____

TELEPHONE 3 _____ TELEPHONE 4 _____

Medical Emergencies

I hereby grant permission to Seattle Waldorf School staff to administer first aid to my child as well as to seek medical attention and to release information from my child's file as deemed necessary if I am unable to be contacted. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to medical, dental, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or dentist to safeguard my child's health.

CHILD'S PHYSICIAN _____ ()
TELEPHONE

CHILD'S DENTIST _____ ()
TELEPHONE

PREFERRED HOSPITAL _____ ()
TELEPHONE

HOSPITAL ADDRESS _____ ZIP _____

MEDICAL INSURANCE _____ POLICY GROUP & ID NUMBERS _____

DATE OF LAST PHYSICAL _____ PROVIDED BY WHOM? _____ DATE OF LAST TETANUS _____

Does your child have any chronic diseases, allergies, dietary restrictions, or other health problems? If yes, please explain.

Can any condition described above be **life threatening**?

Does your child take any medications? If yes, please explain.

Medication Policy If your child requires any type of medication during the school day, it is not to be kept in the classroom or student's lunch. Medications must be brought to the school office, labeled with student's name and instructions for use.

Other Emergencies

I hereby grant permission to SWS staff to remove my child from the school in the event of an emergency.

Field Trips

I give permission for my student to take walks with the class to nearby locations such as parks and libraries during the school day. I understand that my child will also be taking field trips by private vehicle, bus or bicycle during the school year. I will be notified of upcoming field trips, and asked to sign a permission slip.

Diversity Information Each year state and other accrediting agencies require SWS to provide statistics on our students. Please check all appropriate boxes that apply:

African American Asian American Pacific Islander American Latino/Hispanic American Caucasian
 Native American or Native Alaskan Multi-racial American Middle Eastern American Other

SIGNATURE OF PARENT / LEGAL GUARDIAN _____ DATE _____

SIGNATURE OF PARENT / LEGAL GUARDIAN _____ DATE _____