

Richmond Waldorf School

1000 Westover Hills Boulevard, Richmond, VA 23225

Social Services Form for Emergency and Authorized Pick up Information

2013-2014 (September 3, 2013)

Child's Information

Full Name (First, Middle, Last)	Preferred Name	Gender	Date of Birth	
Street Address	City	State	ZIP	Home Phone
Allergies/Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed				
Previous Child Daycare Programs and Schools Attended				
Please give the Name of Any Other School or Program that the Child Currently Attends				Grade

Parent(s)/Guardian(s)

Parent/Guardian (1)	Relationship	Place Employed	
Street Address	City	State	ZIP
Home Phone	Cell Phone	Work Phone	
Parent/Guardian (2)	Relationship	Place Employed	
Street Address	City	State	ZIP
Home Phone	Cell Phone	Work Phone	
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, Full Addresses , and Phone Numbers of <i>Two</i> People to Contact if Parent(s)/Guardian(s) Cannot Be Reached	
1)	Phone
2)	Phone

Authorized Pick-Up Information

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.

Agreements

1. Richmond Waldorf School agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the school.
2. The parent(s)/guardian(s) authorize the school to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) 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.*
3. The parent(s)/guardians agree to inform the school within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. Go to http://www.vdh.virginia.gov/epidemiology/documents/pdf/reportable_disease_list.pdf to view reportable disease list or pick up a copy of list in the Front Office at RWS.

Hospital Preference: _____

Other: _____

Child's Name _____

Signature of Parent/Guardian _____ Date _____

Permission to Walk or Bike Home from School ☐ **No** ☐ **Yes (if yes, please sign below)**

My child has permission to walk or bike home from school during the 2013-2014 school year.

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 that I will be notified in advance of each field trip.

This permission is granted for all trips/walks for the 2013-2014 school year.

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. (Children will not be identified by name.)

This permission is granted for all photos taken during the 2013-2014 school year.

Signature of Parent/Guardian _____ Date _____