



Camellia Waldorf School

Summer Program Emergency Information

Child's Name _____ Entering Grade _____ Date of Birth _____

Current School _____

Parent(s) Name(s) _____

Home Phone _____ Work _____ Cell _____

Home Phone _____ Work _____ Cell _____

Primary Email _____

Child's Home Address _____

Child's Physician _____ Physician Phone _____

Please list any Social, emotional, psychological, language and/or academic challenges?

Please share any other important information so that we may best be prepared for your child

Medical Insurance Policy # _____

Medication currently being taken by child at home and/or at school (include time & dosage)

List all known allergies or dietary restrictions (we can accommodate most, but not all dietary restrictions) _____

Are there any factors a teacher should know about your child's health, or that a doctor should be aware of before treating your child (e.g. allergic reaction to penicillin, bee stings)?

I give permission to Camellia Waldorf School to apply sunscreen to my child ___Yes ___ No
If my child is injured, ill or must leave school for any reason, and the parent or guardian listed above cannot be reached, the school is authorized to call and release your child to:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I hereby give permission to the teachers/staff of the Camellia Waldorf School to seek stabilizing medical care for my child in case of an emergency.

Signature _____ Date _____