

PORTLAND WALDORF
SCHOOL



Release Form

****Please complete the information below and on the reverse. Note that our K-12 emergency notification system is not able to send text message alerts to parents if the "Cell Carrier" field under "Parent Contact Information" is blank****

STUDENT INFORMATION

Student's Name:	Date of Birth:	Grade:
Home Address:		

MEDICAL INFORMATION

Severe Health Conditions (i.e. diabetes, anaphylactic reaction, epi-pen required, etc. Please provide PWS with Standing Orders/Medical Protocols for all severe health conditions):		
Allergies/Sensitivities:		
Current Medications/Medical Notes/Medications Allowed:		
Insurance Provider:	Group #:	ID #:

PARENT CONTACT INFORMATION

<u>Parent 1</u> Name: Relationship to Student: Address: Home Phone: Work Phone: Cell Phone: Cell Carrier: Email:	<u>Parent 2</u> Name: Relationship to Student: Address: Home Phone: Work Phone: Cell Phone: Cell Carrier: Email:
<u>Parent 3</u> Name: Relationship to Student: Address: Home Phone: Work Phone: Cell Phone: Cell Carrier: Email:	<u>Parent 4</u> Name: Relationship to Student: Address: Home Phone: Work Phone: Cell Phone: Cell Carrier: Email:

Please list additional any additional parent contacts on a separate sheet.

****Please read and initial the medical and activity releases below****

FIRST AID TREATMENT

I hereby grant permission to the faculty and/or staff of Portland Waldorf School to administer the following to my child, either at school or at an off-campus school activity.

- Homeopathic remedies yes no
- Acetaminophen (Tylenol) yes no
- Ibuprofen (Advil) yes no
- Antihistamine yes no
- Cough Suppressant yes no
- Sunscreen SPF15 or higher yes no

Please initial _____

[over]

MEDICAL RELEASE

During their school day, field trips or school activities, I hereby give the school personnel permission to use their judgment in obtaining medical service for my child, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

Please initial _____

TRANSPORT RELEASE

In the event my child is injured, I grant permission for PWS personnel to transport said minor in whatever manner is deemed necessary and reasonable, including transportation by emergency or rescue vehicle, to whatever emergency treatment center is deemed appropriate.

Please initial _____

INSURANCE LIABILITY RELEASE

I agree that in the event my child is injured as a result of his or her participating in school activities (including transportation to and from such activity) any resulting hospital, medical or related costs will first be paid by my accident, medical or any available benefit plan.

Please initial _____

PHOTO RELEASE

I grant permission for PWS to use photographs of my children in school publications, including newsletters, event flyers, photo displays, website, outreach and fundraising videos, etc.

Please initial _____

ARTWORK RELEASE

I grant permission for PWS to use artwork produced by my children for school publications and advertising including newsletters, event flyers, photo displays, website, outreach and fundraising videos, etc.

Please initial _____

****Please complete this list of emergency contacts for student.****

EMERGENCY CONTACT INFORMATION

Contact Name	Relationship	Home Phone	Work Phone	Cell Phone	Resident ¹	Emergency Contact ²	Pick Up ³	Medical Decisions ⁴
Resides with student (Y/N)		² To be contacted in case of emergency (Y/N)		³ Authorized to pick up student from school (Y/N)		⁴ Authorized to make medical decisions for student (Y/N)		

X _____ Date _____
Signature of Parent or Guardian

_____ Relationship to Student
Printed Name

FOR OFFICE USE ONLY
 Entered in Veracross initial _____ date _____