

STUDENT HEALTH/EMERGENCY CARD

Summer Program

Student Information:

First: _____ Middle: _____ Last: _____

Preferred Name (Nickname, if different from First name): _____

Household Information:

Parent 1: _____ Parent 1 Phone: _____

Address: _____ City, State _____ Zip: _____

Parent 1 Email Address: _____

Parent 2: _____ Parent 2 Phone: _____

Address: _____ City, State _____ Zip: _____

Parent 2 Email Address: _____

Emergency Contacts:

Contact Name	Relationship to Child	Home Phone	Cell Phone	Work Phone	Email

Medical Information:

Insurance:	Company:	Policy #:
Hospital:	Name of Preferred Hospital:	
Physician:	Name:	Phone #:
Dentist:	Name:	Phone #:

Allergies	Medical Conditions	Medications

As the custodial parent having legal custody of the above-named minor child I request that the school attempt to contact me in case of an accident or serious illness. If the school is unable to reach me, I authorize the administration, faculty and/or staff of Sacramento Waldorf School, adults in whose care the minor child has been entrusted, to take any action which may be necessary or proper to provide for the health care of the minor child, including the power to, but not limited to, (i) provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care; and (ii) consent to and authorize any health care, including the administration of anesthesia, x-ray examination, performance of operations, and other procedures by physicians, dentists and other medical personnel, licensed under the provision of the Medical Practice Act and the State of California Department of Public Health, except the withholding or withdrawal of life-sustaining procedures. I have the understanding and capacity to communicate health care decisions and I am fully informed as to the contents of this document and understand the full importance of this grant of powers to the agent named herein. By signing below, I signify my agreement and agree to bear all costs incurred as a result of the foregoing. I further acknowledge full responsibility for, and agree to defend, indemnify and hold harmless the Sacramento Waldorf School and its employees, trustees and agents from, any and all claims, demands, lawsuits, causes of action, penalties, liability, damages and/or expenses in connection with such medical treatment.

Signature of Parent or Guardian

Date

Print Name

Relationship to Child

Signature of Parent of Guardian

Date

Print Name

Relationship to Child