



**Waldorf School
of Cape Cod**

Contact Information / Consent Form 2011/2012

This form is used for the community directory and the school's administrative database. ** If more than four children are enrolled, please use an additional form.*

1. Child's FULL Name _____ DOB _____ Class _____
2. Child's FULL Name _____ DOB _____ Class _____
3. Child's FULL Name _____ DOB _____ Class _____
4. Child's FULL Name _____ DOB _____ Class _____

**CHECK BOX
TO EXCLUDE
INFO FROM
DIRECTORY***

Please PRINT legibly.

Name of Parents/Guardians***	_____	<input type="checkbox"/>
Street Address	_____	<input type="checkbox"/>
City, State	_____ Zip**** _____	<input type="checkbox"/>
Mailing Address (if different)	_____	<input type="checkbox"/>
City, State	_____ Zip**** _____	<input type="checkbox"/>
Area Code & Phone	(_____) _____	<input type="checkbox"/>
E-Mail Address(es)	_____	<input type="checkbox"/>
Cell Phone(s):	_____	<input type="checkbox"/>
	_____	<input type="checkbox"/>

* Community Directory-Please check the boxes on the right side of the form to **EXCLUDE** the corresponding information from the community directory. If information is not listed in the community directory, it will not be available to fellow Waldorf School of Cape Cod families.

** Administrative Database-The information will only be used for communication within the Waldorf School of Cape Cod community except when reports are required by government, school, and/or health authorities. A notice in the community directory will emphasize that the information is to be used only for Waldorf School purposes.

*** If parents live in separate households, each parent must complete a separate form.

**** Zip Codes-Please be sure to provide accurate zip codes.

Parental Consent Form	YES	NO
Parental permission is given for WSCC to attempt to remove a visible splinter with tweezers or splinter out.		
Parental permission is given for WSCC to apply topical homeopathic ointments for minor cuts, scrapes, bruises, etc.		
Parental permission is given for WSCC to give child KI pill when notified by government authorities during a nuclear disaster.		
Parental permission is given for WSCC to publish child's birthday in the community newsletter and/or monthly newsletter.		
Parental permission is given for child to be included in photographs used by the school for marketing or publicity purposes including advertising, brochures, web site, and the media.		
Parental permission is given for child to take walking field trips in the neighborhood, including the woods and the surrounding neighborhood.		

Student Medical Alerts:

Student Name	Please note any food or environmental allergies (and possible reactions) or medical conditions of which faculty/staff should be aware. IF none, please indicate "NONE" below.	Please note below any allergies to medicine or medical conditions of which medical/hospital staff should be aware in the event of a medical emergency. If none, please indicate "NONE" below.

Children's Pediatrician Name and Phone Number: _____

Authorizing parent understands that every effort will be made to contact parent in the event of an emergency requiring medical attention. If parent cannot be reached, parent authorizes WSCC staff to seek the assistance of emergency personnel and/ or transport child to the hospital. Parent further authorizes WSCC staff who are certified in first aid to administer basic first aid as deemed necessary. Parent authorizes all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/ or hospital procedures as may be performed or prescribed by the attending physician and staff at the hospital, thereby waiving parental rights to informed consent of treatment. This authorization is required for all students and only applies in the event that neither parent/ guardian can be reached.

SIGNATURE: _____
Signature Date

Parent's signature above verifies that the information listed on this form is accurate. If changes are requested, the parent/guardian needs to fill out an update form in the office. Only one parent/guardian signature is required.