

Waldorf School of Cape Cod 2011-2012
Emergency Contact & Pick-Up Authorization

*Please **PRINT LEGIBLY** and use reverse side for additional information if necessary.*

First & Last Name of Child 1:	DOB:	Class:
First & Last Name of Child 2:	DOB:	Class:
First & Last Name of Child 3:	DOB:	Class:
First & Last Name of Child 4:	DOB:	Class:

Parent Contact Information

We will contact people in the order listed using the phone numbers listed.

❶ FIRST EMERGENCY CONTACT		❷ SECOND EMERGENCY CONTACT	
↑ Parent/Guardian Name ↑		↑ Parent/Guardian Name ↑	
1.()	2.()	1.()	2.()
<i>(circle)</i> Home/Work/Cell	<i>(circle)</i> Home/Work/Cell	<i>(circle)</i> Home/Work/Cell	<i>(circle)</i> Home/Work/Cell
3.()	4.()	3.()	4.()
<i>(circle)</i> Home/Work/Cell	<i>(circle)</i> Home/Work/Cell	<i>(circle)</i> Home/Work/Cell	<i>(circle)</i> Home/Work/Cell

Alternate Emergency Contacts

Please provide at least two additional emergency contacts. (Use reverse side to list additional emergency contacts, if any.) Emergency contacts are authorized to act on your behalf in the event of an emergency, including making emergency medical decisions when a parent cannot be reached.

❸ THIRD EMERGENCY CONTACT		❹ FOURTH EMERGENCY CONTACT	
↑ Name & Relationship to Child ↑		↑ Name & Relationship to Child ↑	
1. ()		1. ()	
Home / Work / Cell		Home / Work / Cell	
2.()		2.()	
Home / Work / Cell		Home / Work / Cell	

Pick-Up Authorization

Emergency contacts listed above are automatically authorized to pick up your children, so you do not need to list them here as well.

Name:	Relationship to Child:	Phone Number(s): ()
Name:	Relationship to Child:	Phone Number(s): ()
Name:	Relationship to Child:	Phone Number(s): ()
Name:	Relationship to Child:	Phone Number(s): ()

Please sign below if you authorize a member of either of the following groups to pick up your child(ren):

Fellow parents in any class which you have a child enrolled. _____	Any WSCC parent. _____
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Signature

Parent attests to the accuracy of the information on this form. Parent agrees to provide written notification of any changes to this authorization.

Parent/Guardian Signature:	Date:
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