

Permission/Medical

Authorization

Grade:

If your child needs medical, dental, health or hospital services, under the law, you, as a parent must give permission. Your signature on this form authorizes other adults to make decisions about medical treatment for your child in your absence. This is a legal document. If your child needs unexpected medical treatment, the responsible adult should present this document to the appropriate medical personnel. When a true emergency arises, a child may be treated without parental consent. This happens when a physician determines that immediate medical care is needed and any delay might increase the risk to the child's health or life.

Name of Minor

DOB

Known Allergies

Special Conditions

Date of last tetanus shot

Medications now being taken

Hospitalization Coverage for Above Minor, Insurance Company or Government Program

Program # ID or Contract #

Minor's Physician's Name

Phone

Physician's Address

Minor's Dentist's Name

Phone

Dentist's Address

I give my child permission to attend all field trips sponsored by the Waldorf School of Saratoga Springs with the understanding that I will receive adequate notice about the trip or activity beforehand. I also give permission for my child to be transported by a school employee or a parent on any given field trip. I acknowledge that the school and related personnel are not responsible in the event of an accident or injury.

I, being the parent of or legal guardian of the above named minor, do hereby appoint the follow representative to act on my behalf in authorizing unexpected medical, dental, or surgical care, and/or hospitalization for the above named minor in my absence:

Signature of Parent/Guardian

Required Signature of Witness

Date:

Address:

Phone:

If student is visiting the school for the day, please provide a phone number where parent or guardian can be reached: