



# RIVERWOOD COMMUNITY SCHOOL

EDUCATING THE WHOLE CHILD

## EMERGENCY CONTACT INFORMATION AND RELEASE FORM 2018-19

Child's name (first, middle, last) \_\_\_\_\_

Nickname or name he/she prefers to be called \_\_\_\_\_

Birth date \_\_\_\_\_ Age on September 1<sup>st</sup> \_\_\_\_\_

### **Parent/Guardian Information #1**

Name (first, last) \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email address \_\_\_\_\_

### **Parent/Guardian Information #2**

Name (first, last) \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email address \_\_\_\_\_

If parents have separate addresses, where does child reside? \_\_\_\_\_

### **Emergency Contact**

Name (first, last) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

### **Statement of Liability Release**

I, the undersigned, agree to the following:

We will not hold the Upper Columbia Association on behalf of Waldorf Education, Riverwood Community School, the teachers or volunteers responsible for any accident, illness or injury that occurs anywhere while my child is participating in this educational program. A representative of Riverwood Community School may contact my child's doctor, call 911, or transport my child to the nearest hospital or clinic to have my child treated for an emergency when a parent/guardian or emergency contact cannot be reached. We agree to pay such emergency fees if incurred.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Release**

Child's name \_\_\_\_\_

I authorize Upper Columbia Association on Behalf of Waldorf Education and Riverwood School to procure medical assistance in the event of an emergency for my child. All efforts will be made to contact the parents prior to administration of treatment. However, this may not always be possible and parent(s)/guardian(s) will accept all expenses related to treatment.

Physician name \_\_\_\_\_ Phone \_\_\_\_\_

Physician address \_\_\_\_\_

Dentist name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred hospital \_\_\_\_\_

Allergies/medical conditions \_\_\_\_\_

\_\_\_\_\_

**Persons other than parents/guardians authorized to pick up your child**

The following information gives the persons listed below your permission to pick up your child/children in the event that you are unable to pick them up. Your child/children will not be released to any individual not listed below without your written consent. Please request individuals who may be picking up your child/children that they may be asked to present a photo ID to staff.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Photography Permission**

We have a website, Facebook page and marketing materials for the school. The sites and materials will be updated on a regular basis, and updates may include pictures taken during class time, which may include children in that class. Children will never be identified by name in the pictures. Please select one option below.

\_\_\_\_\_ I DO give permission for my child to be photographed and published in RCS marketing materials and on the School's Facebook page and website.

\_\_\_\_\_ I DO give permission for my child to be photographed, but photos may not be published.

\_\_\_\_\_ I DO NOT give permission for my child to be photographed.

\_\_\_\_\_ Contact me before using photographs of my child.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_