



RE-ENROLLMENT CHANGES TO STUDENT & FAMILY INFORMATION

Please fill out area(s) where changes are needed to any of the information below and sign where indicated.

ALLERGY ALERT: _____

PART I: GENERAL INFORMATION

School Year **2010-11** Student(s) Name(s) _____

Parent 1 Name _____

Home Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

NOTE: Parent 1 is the parent or guardian who is responsible for tuition payments and has the legal authority to make decisions concerning the health and welfare of the child.

Parent 2 Name _____

Home Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Emergency Contact 1 _____ Relationship _____

Home Phone _____ Work Phone _____

Emergency Contact 2 _____ Relationship _____

Home Phone _____ Work Phone _____

Other adults authorized to pick up your child in non-emergency situations:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Insurance Information _____

Does your child have any new Dietary restrictions or medical needs/precautions? _____

Parent Signature _____ Date _____



RE-ENROLLMENT PARENT AUTHORIZATION FORM

Please check boxes to grant permission for your child(ren) and sign where indicated.

2010-2011 School Year

My initials and signature below grants permission for the following:

_____ In an emergency, the Corvallis Waldorf School has the permission to call an ambulance or to transport my child to any available physician or hospital at my expense and to obtain medical treatment for my child.

_____ My child may be given non-prescription medication as indicated on the container, including sunscreen, children's pain reliever, antibacterial first aid cream, diaper ointment. Syrup of Ipecac may be administered if deemed necessary by the Poison Control Center operator. My child may also be given homeopathic remedies, including Arnica Montana (for bumps, bruises, sprains and muscular trauma), Calendula salve (for cuts and scrapes), "Sting Stop" or Apis/Belladonna (for stings), Aloe Vera (for burns), and Rescue Remedy/Ointment (for all of the above medical conditions). The school will make every effort to contact parents prior to administering non-prescription pain-relievers. Prescription medications must be current and accompanied by a permission slip from the parent before the school can administer the medication.

_____ My child may be taken on field trips or school-sanctioned excursions by bus or private motor vehicle driven by a school staff person or a Waldorf parent. I understand that if my child is transported by a Waldorf parent, he or she is in the care of that parent and not the school during transportation. My child may also be taken on school-sanctioned neighborhood walking excursions under the supervision of the school staff.

_____ My child may participate in swimming or other water activities under the supervision of a certified lifeguard

_____ My child may be photographed for publicity or news purposes: On site Off site

Use this space to list any restrictions or specifications for the above authorizations _____

Name(s) of Child(ren) attending CWS _____

Parent/Guardian _____ Date _____