

The Waldorf School of San Diego
Summer Camp Emergency Information

(For Students not enrolled in WSSD 2019)

Parent Contact Information

Child's Name _____
 Mother's Name _____ Phone #1: (____) _____ Phone #2: (____) _____
 Father's Name: _____ Phone #1: (____) _____ Phone #2: (____) _____
 Primary Address _____ City _____ Zip _____
 Mom's Email _____ Dad's Email _____

Emergency Contact Information

If you cannot be reached, please provide information for contact persons in case of emergency:

Name _____ Relationship _____
 Phone #1: (____) _____ Phone #2: (____) _____ Phone #3: (____) _____
 Name _____ Relationship _____
 Phone #1: (____) _____ Phone #2: (____) _____ Phone #3: (____) _____

Health Record

HEALTH INSURANCE:

Policy Number: _____
 Family Doctor: _____
 Phone #: _____

Please list any allergies, medical issues or special dietary needs your student has:

Please list any medications your child is taking (medication administered during camp require a medication release form). _____

Please list names of people authorized to pick up your child from summer camp:

Name	Relationship	Phone number(s)

Please list any persons **unauthorized** to pick up your child:

EARLY CHILDHOOD ONLY (Entering Kg-Gr. 1)

Additional Forms Required:

The following signed and completed Early Childhood California Department of Social Services, Community Care Licensing forms must be in your WSSD student file, or be submitted, before the start of your Summer School Session:

- 1) Form LIC 700 – Identification and Emergency Information, Child Care Centers/Family Child Care Homes
- 2) Form LIC 701 – Physician’s Report – Child Care Centers (Child’s Pre-Admission Health Evaluation) .
 Note: must be completed and signed by a physician.
- 3) Form LIC 702 – Child’s Preadmission Health History – Parent’s Report
- 4) Form LIC 613A – Personal Rights
- 5) Form LIC 995 – Child Care Center, Acknowledgement of Notification of Parents’ Rights.
- 6) IMMUNIZATION INFORMATION
- 7) For students entering Grade 1 only: Report of Medical Examination for School Entry. Note: must be completed and signed by a physician.

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Medical Information and Consent Form
AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I, _____ (please print full name of parent/guardian), the undersigned parent/guardian of the above mentioned child(ren), minor(s), do hereby authorize The Waldorf School of San Diego (WSSD), and all representatives of WSSD, as agent(s) for the undersigned, to consent to, or sign any waiver of release required for an X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under general or special provision of any paramedic, licensed physician, or surgeon of the medical staff of any hospital, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis or treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable whether such diagnosis or treatment is rendered at the office of the physician, at the hospital, or in transit, on campus, or at an off-campus activity site.

It is understood that efforts shall be made to contact the undersigned prior to the rendering of treatment of the patient, but that none of the above treatment shall be withheld if the undersigned cannot be reached.

I hereby authorize any hospital which has provided treatment to the above named minor(s) pursuant to the provision of the Family Code Section 6910 to surrender physical custody of such minor to my above named agent(s) upon completion of treatment. This authorization is given pursuant to Health and Safety Code Section 1283. The authorization shall remain effective through the 2018 summer camp enrollment dates unless sooner revoked in writing and delivered to said agent(s).

Parent/Guardian

Signature _____ Date _____

Immunization History

Are your child's immunization form current/up to date? Yes No

State of California School Immunization Law requires enforcement of immunization requirements

If exempt would you be able to provide a copy of waiver?

Date of last tetanus shot ____/____/____

List any conditions requiring special consideration, accommodations or restrictions while at camp:
