

**STUDENT EMERGENCY INFORMATION**  
**MOUNTAIN LAUREL WALDORF SCHOOL 2017/2018**

Please print or type the requested information below and return it by the first day of school.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

**CHILD'S ALLERGY INFORMATION**

Bee Stings    Foods: \_\_\_\_\_  
Other: \_\_\_\_\_ Medications: \_\_\_\_\_  
Severity of allergic reaction(s): \_\_\_\_\_

**It is essential that we are able to reach you in the event of an emergency, illness, or accident to the student named above. The school is authorized to take the fastest and most desirable emergency measures. The school will make every effort to contact you while first aid is being administered. The school is authorized to proceed as indicated below.**

[ ] Contact Parent/Guardian 1 \_\_\_\_\_ Work No. \_\_\_\_\_  
Place of Business \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Home No. \_\_\_\_\_  
Email \_\_\_\_\_

[ ] Contact Parent/Guardian 2 \_\_\_\_\_ Work No. \_\_\_\_\_  
Place of Business \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Home No. \_\_\_\_\_  
Email \_\_\_\_\_

Persons to contact in case of emergency/discipline if parent(s)/guardian(s) cannot be reached (list in order of preference)

Name	Relationship	Phone 1	Phone 2	Contact in case of discipline?
1) _____	_____	_____	_____	yes / no
2) _____	_____	_____	_____	yes / no
3) _____	_____	_____	_____	yes / no

Family Physician \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
Physician Address \_\_\_\_\_

**Local Rescue Squads will transport to Vassar, Benedictine, Kingston, or Mid-Hudson Regional Hospitals.**  
**Your Hospital Preference:** \_\_\_\_\_

We ask you to update this information at the beginning of every school year, but should changes occur during the school year, please be sure to inform the school immediately. If this form is not returned and/or the parent/guardian cannot be reached by phone, the school will act as deemed necessary in each case. The parent/guardian will be responsible to pay directly or reimburse the school for any costs assessed by local Ambulance/Rescue squads.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY CLOSING OR EARLY DISMISSAL, PLEASE INDICATE ANY SPECIFIC INSTRUCTIONS FOR YOUR CHILD (example: Snow/Storm closing)**

[ ] Dismiss child as usual on bus

**If you cannot be reached during an emergency closing or early dismissal, please indicate the person(s) below who are authorized to take your child from school.** **Thank you**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**Other instructions:** \_\_\_\_\_

**Continue on back if needed...**