

Please list below any pertinent medical information such as allergies to foods, drugs, insect bites; history of seizures, etc., of which we should be aware. In addition, please list any medications that need to be administered to your child during school hours.

Does child have Health Insurance?

YES _____ If Yes, Name of insurance company_____

NO_____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.

For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ Date_____

Printed Name: _____

Written consent required pursuant to 20 U.S.C. 1232g (b)(1) and 34. C.F.R. 99.30 (b).

In the event of a regional emergency, I give the Waldorf School of Princeton to evacuate my child to a location determined by authorities.

I hereby give my permission to the teachers and staff of The Waldorf School of Princeton to take my child, _____to the nearest medical facility and to authorize emergency treatment.

I give my permission for the school nurse or school administration to share medical information with those people with an educational need to know.

Parent Signature_____

Date_____