

**2011-2012**  
**WALDORF SCHOOL OF PRINCETON**  
**STUDENT EMERGENCY INFORMATION**  
(Please print ALL information clearly)

CLASS/GRADE \_\_\_\_\_

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Child's Name	Date of Birth	Primary (Home) Phone Number
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Mother's Name	Home Address	City, State, Zip
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Home Phone Number (if different)	<u>Any</u> Additional #s (cell, pager, etc)	
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Mother's Employer (Name & City)	Mother's Work Phone Number
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Father's Name	Home Address (if different)	City, State, Zip
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Home Phone Number (if different)	<u>Any</u> Additional #s (cell, pager, etc)	
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Father's Employer (Name & City)	Father's Work Phone Number
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Mother's Email	Additional Email	Father's Email
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(Additional) Daytime Contact Name	Contact Person Address	City, State, Zip
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Phone Number/ Relationship to Student

**Daytime contact person May / May not take my child off school grounds (please circle one).**

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Doctor	Address	Phone Number
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Please list **any additional contacts and their phone numbers**, as well as whether your child may leave school grounds with that person.

<u>Additional Daytime Contact</u>	<u>Phone Number</u>	<u>Child May Leave w/Person Y/N</u>
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**\*\*\*OVER\*\*\***

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.

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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](http://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 permission 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 \_\_\_\_\_