



Student Information 2018-2019

Student _____ Birth Date _____ Grade _____ M ___ F ___

Home Address _____

Student Email _____ Student Cell (if applicable) _____

School district of home address _____

Student resides with: Both parents _____ Mother _____ Father _____ Guardian _____

Mail should be sent to: Both parents _____ Mother _____ Father _____ Guardian _____

Parent's/Guardian's Name:	Parent's/Guardian's Name:
Circle one: Mother Father Guardian	Circle one: Mother Father Guardian
Home Street:	Home Street:
Home City:	Home City:
Home State & Zip:	Home State & Zip:
Home Phone:	Home Phone:
Home email:	Home email:
Cell Phone:	Cell Phone:
Occupation:	Occupation:
Business Name and Address:	Business Name and Address:
Work Phone:	Work Phone:
Work email:	Work email:

How can we best reach you with school news? Please indicate the phone number or email address that you prefer:

Mother or Guardian's Phone:	Father or Guardian's Phone:
Email:	Email:



Health & Emergency Contacts

Please list three people we may contact in case of emergency if parents cannot be reached (at minimum, one should be local):

Name:	Address:	Phone (h)	Phone (w/c)
Name:	Address:	Phone (h)	Phone (w/c)
Name:	Address:	Phone (h)	Phone (w/c)

Medical Information

Student's Physician:	Address:	Phone:
Student's Dentist:	Address:	Phone:
Health insurance company:	Policy no:	Phone:

Student's medical history

Current health concerns:

Allergies:

List all medications student takes:

Consent and Authorization Regarding Emergency Medical Treatment

If my child should sustain an injury or contract an acute illness while attending the Berkshire Waldorf High School or while participating in a school-sponsored field trip, immediate medical attention may be necessary. In such an event, the school will make every effort to inform me of the circumstances and to obtain and follow my wishes and instructions. However, to eliminate the possibility of harmful delay arising from misunderstanding as to authority to treat the student, I hereby grant permission for school and emergency medical personnel to make necessary decisions regarding treatment. In the event of a medical emergency in which I cannot be reached to consent to medical treatment for my child, or be present to sign authorization by the hospital or treating physician, I hereby authorize personnel or agents of the Berkshire Waldorf High School to consent to emergency medical treatment for my child in my stead.

Signature (parent or guardian): _____ **Date:** _____



Dismissal Authorization

Student: (print name) _____

In case of early dismissal for weather-related or other reasons, my child should: **(choose only one)**

- Drive home *(for students who have their own license and car)*.
- Take the bus: Chatham, NY _____ Taconic Hills, NY _____
- Stay at school. Parent will be responsible for pick up.
- Walk home or walk to BRTA stop.
- Go home with another student:
 - Other student's name _____
 - Other student's home phone _____ Other parent's work or cell _____

Note: The school does not call parents to notify them of school closing or early dismissal. In case of inclement weather, please call the school and listen to updated outgoing messages advising of an early dismissal. Also, please refer to radio or television news announcements for **Berkshire Hills Regional School District** closings (Southern Regional Berkshire Schools decisions do not affect us).

Signature (parent or guardian): _____ **Date:** _____

Consent to Photograph

I hereby consent to (student's name) _____ being the subject of photographs of the Berkshire Waldorf High School. I further consent to the reproduction or use of such photographs for the purposes of promoting the school.

Signature (parent or guardian): _____ **Date:** _____

Field Trip Permission

Student's name: _____ has my permission to participate in all Berkshire Waldorf High School activities, including athletic practice and competition, off-campus art courses, and field trips.

Signature (parent or guardian): _____ **Date:** _____