

## Student Information

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ M \_\_\_ F \_\_\_

Home Address \_\_\_\_\_

Student Email \_\_\_\_\_ Student Cell (if applicable) \_\_\_\_\_

School District(s) of home address(es) \_\_\_\_\_

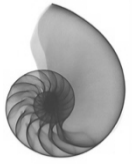
Student resides with:                      Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

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:

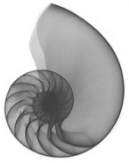
Allergies:

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:** \_\_\_\_\_

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**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:** \_\_\_\_\_

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**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:** \_\_\_\_\_