



## FIELD TRIP AND EMERGENCY TREATMENT

I hereby grant permission for my child to participate in field trips and school activities on/off campus while attending Charlottesville Waldorf School. I understand that s/he will be seat-belted whenever s/he is driven on a field trip. Should it be necessary for my child to have medical treatment while participating in field trips or school activities, I hereby give the school personnel permission to use their judgment in obtaining medical services for my child, and I give permission to the physician selected by school personnel to render medical treatment deemed necessary and appropriate.

I agree that in the event my child is injured as a result of his or her participating in school activities, including transportation to and from such activity, any resulting hospital, medical, or related costs will be covered by the parent responsible.

Physician's Name _____ Phone _____
Dentist's Name _____ Phone _____
Local Hospital of Choice _____
Medical Insurance _____ Insurance Group Number _____ I.D. Number _____

## AUTHORIZATION to PICK UP CHILDREN

The school's policy is to release children only to parents, regular car pool drivers or other individuals listed below. If anyone not on the list is to pick up your child[ren], you must send a note to the office.

**The following people are authorized to pick up my child[ren] from school:**

Family and Friends

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Carpool Drivers

	Child #1	Child #2	Child #3	Child #4
M	_____	_____	_____	_____
T	_____	_____	_____	_____
W	_____	_____	_____	_____
Th	_____	_____	_____	_____
F	_____	_____	_____	_____

The following people should NEVER pick up my child[ren] from school. Appropriate paperwork such as custody papers must be attached if a parent is not allowed to pick up a child (Dept. of Social Services form 032-05-252/9 [8/98])

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<b>Maternal Grandmother</b> _____ Address: _____ Phone #: _____ E-mail: _____ CWS may contact for: Grandparent's Day. Annual Giving. Other Fundraising Events	<b>Paternal Grandmother</b> _____ Address: _____ Phone #: _____ E-mail: _____ CWS may contact for: Grandparent's Day. Annual Giving. Other Fundraising Events
<b>Maternal Grandfather</b> _____ Address if different: _____ Phone #: _____ E-mail: _____ CWS may contact for: Grandparent's Day. Annual Giving. Other Fundraising. Events	<b>Paternal Grandfather</b> _____ Address if different: _____ Phone #: _____ E-mail: _____ CWS may contact for: Grandparent's Day. Annual Giving. Other Fundraising. Events

***SIGN HERE*** \_\_\_\_\_

*Parent's or Guardian's Signature*