Emergency Contact Information

Detroit Waldorf School

Student:_____ _____ Grade _____
Last First

Student's Primary Address:_____ Date of Birth _____

City, State, Zip _____ Gender _____

Parent(s)/
Guardian Name:_____
Parent to call first

Address if different
from above:_____

Home Phone:_____

Work Phone:_____

Cell Phone:_____

Employer:_____

Email:_____

☐ ***Please check the box, if you would like your email published in the school directory***

Parent/
Guardian Name:_____

Address if different
from above:_____

Home Phone:_____

Work Phone:_____

Cell Phone:_____

Employer:_____

Email:_____

☐ ***Please check the box, if you would like your email published in the school directory***

List persons (in addition to parents) who are allowed to pick up child: _____

_____

Are there any custody issues we should be aware of?_____

List persons restricted by court order from picking up child: _____

Allergies & Medical conditions:
Medications currently taking:

If your child needs to be picked up and we are unable to reach you, we must have the name of a relative or friend with a telephone and available transportation who would pick up and take care of your child.

Name/Relationship	First Number to Call	Second Number to Call

Please initial if you want your child to have homeopathic remedies when needed: _____

X_____
Parent Signature Date

X_____
Parent Signature Date

Please complete back of form