



2024 SUMMER PROGRAM EMERGENCY INFORMATION FORM

This information is required by the State of Maine. It is extremely important that it be kept up-to-date.

GUARDIAN INFORMATION

Child's Name: _____ Gender: _____ Age: _____

Guardian Name: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Home Address: _____

Mailing Address: _____

Email Address: _____

EMERGENCY CONTACT PERSON (all must be complete)

Name: _____

Relationship: _____ Contact Phone _____

Address: _____

City: _____ State: _____ Zip: _____

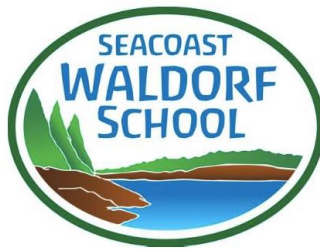
Emergency Contact Phone _____

2nd Emergency Contact Phone _____

Preferred email address _____

MEDICAL HISTORY

1. Does your child have **asthma**? _____ If yes, please describe _____
2. Does your child have an inhaler? Yes / No
If yes, please provide the inhaler
3. Does your child have **heart problems**? _____ If yes, please describe _____



4. Does your child have **physical or developmental difficulties** that we should be aware of? _____
Please be specific: _____

5. Does your child have any medical conditions or issues that we should know about? Please describe: _____

6. Is your child currently on any **medication**? _____
7. If yes, indicate specific medication(s)dose(s): _____

8. Is your child **allergic** to any of the following:
- Medication (e.g. penicillin, aspirin) Yes / No
If yes, what medication _____
And what is the reaction?

 - Insect Bites (e.g. wasps, bees, spiders) Yes / No
If yes, which insects? _____
 - Foods (e.g. peanuts, shellfish) Yes / No
If yes, what foods are they allergic to? _____

 - Plants Yes / No
If yes, which plants? _____
Please list any other allergies: _____
- Does your child use an epi-pen? Yes / No
If yes, please provide an epi-pen



9. Is there any other condition that we should be aware of that may endanger, alter, or somehow limit your child's abilities to participate in any SWS Program?

10. Is your child's immunizations current? Yes / No Initial_____

11. Name of Health Insurance Carrier:

Insurance Number:_____

Family Physician:_____

Physician Phone:_____

Please tell us anything else you would like us to know about your child (i.e., fears outside, sensory sensitivities, personality, interests, etc.).

Please sign below to confirm that above information is up to date and accurate:

(signature)

(date)



AUTHORIZATION TO PICK-UP

We must have written permission to release your child to anyone other than the legal guardians. This form acts as that, but if someone who is not on this form needs to pick-up your child please send a note.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

AUTHORIZATION TO OBTAIN MEDICAL TREATMENT

In the event that I cannot be reached in an emergency requiring medical attention for the above named child, permission is hereby given for the staff of Seacoast Waldorf School programming who are CPR/first aid certified to administer CPR and/or first aid as deemed necessary. Further permission is given to allow medical services to be performed by doctors, hospitals or other qualified medical providers as deemed necessary in an emergency, including surgery if reasonably necessary. I understand that the cost of all emergency services is my responsibility. In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to provide the emergency care necessary, including transport to a hospital and treatment they deem necessary.

Parent/Guardian Signature

Print Name

Date

NOTE: *If you have any medical condition that the Seacoast Waldorf School provider should be aware of it is your responsibility to let us know of the existing condition prior to the start of any program. The information will be held in confidence and used only to render assistance should the need arise.*

PERMISSION TO PHOTOGRAPH

While at Seacoast Waldorf School, occasionally photos and video-taping will be taken during camp and may be used for Seacoast Waldorf School and publications including its Website and facebook page. However, we will not identify your child by name or release any personal information.

I do GIVE permission to have my child's picture taken, initial _____ date _____

I do NOT GIVE permission to have my child's picture taken, initial _____ date _____

We, the undersigned parents, acknowledge that the information listed above is correct.

Parent/Guardian Signature _____



SUNSCREEN AND BUG SPRAY

Sign here if you want us to reapply sunscreen and bug spray throughout the day as needed (please supply these for your child): _____

LIABILITY RELEASE WAIVER AND AUTHORIZATION FORM

Participation at a Seacoast Waldorf location exposes participants to certain risks of being outdoors. Accidents and injuries resulting from the forces of mother nature, live animal and bug interactions, slipping and falling, malfunctioning equipment, unseen obstacles, fatigue, and your own and others' misjudgment are very real possibilities.

AFFIRMATION AND LIABILITY RELEASE

THE UNDERSIGNED CERTIFY THAT THEY AGREE AS FOLLOWS:

1. I hereby affirm that I have been informed that there are inherent dangers of being outdoors at a summer camp.
2. I hereby agree to indemnify and hold harmless this Seacoast Waldorf provider and its owners, volunteers, and workers as well as Seacoast Waldorf Association from any and all liability for any harm, injury, death, or damages (physical, mental, or monetary), regardless of faulty or negligence, which may befall me and/or my child while participating in this program or while using Seacoast Waldorf facilities. This release shall be binding upon my family, heirs, and administrators. _____ **Initial**
3. I hereby agree to heed at all times the advice and instructions of the Seacoast Waldorf instructors and its owners to practice common sense while at the summer camp.
4. The above named participant, a minor child has permission to participate in the activities of Seacoast Waldorf programming.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Seacoast Waldorf Association on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

GUARDIAN'S SIGNATURE

DATE