

Charlottesville



Waldorf School

**Field Trip and
Emergency
Treatment Form**
School Year _____

Child's Name _____ Grade _____

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 the s/he will be seatbelted 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 responsible parent.

Physician's name _____ phone _____

Dentist's name _____ phone _____

Local hospital of choice _____

Medical Insurance _____

Insurance Group number _____ I.D. Number _____

A conscientious effort will be made, by school personnel, to contact the parents and emergency contacts before any action is taken.

Signed _____
Parent/Guardian