

The Waverly School
67 West Bellevue Drive • Pasadena, California 91105 • (626) 792-5940
Summer 2011 Identification and Emergency Information Form

Student's Name: _____	Date of Birth: _____ Grade: _____ Gender: _____
Parent/Guardian's Name: _____	Parent/Guardian's Name: _____
Relationship to Student: _____	Relationship to Student: _____
If Applicable, Stepparent's Name: _____	If Applicable, Stepparent's Name: _____
Street Address: _____	Street Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: (____) _____	Home Phone: (____) _____
Cell Phone/Pager: (____) _____	Cell Phone/Pager: (____) _____
E-mail Address: _____	E-mail Address: _____
Employer: _____	Employer: _____
Business Phone: _____	Business Phone: _____
Okay to include home address/phone/e-mail on school roster? _____	Okay to include home address/phone/e-mail on school roster? _____
Student's Cell Phone/Pager (if applicable): _____	Student's Email Address (MS & HS) _____

Please list 3 people to whom we may release your child in an emergency (including an earthquake) in the event you cannot be reached, or who may authorize treatment for your child in the event you cannot be reached:

Name	Home Phone	Work/Cell Phones	Relationship to Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list an out-of-state contact for emergency communication following an earthquake:

_____	_____	_____	_____
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Student's Name: _____

Student's Physician: _____ Physician's Phone: (____) _____

Student's Medical/Food Allergies or Other Medical Condition: _____

_____ Regular Medication(s) and Dose(s): _____

Medical Release: In the event my child becomes ill or sustains an injury while in the care of The Waverly School, I give my permission to those staff members in charge to take whatever steps are necessary to stop any bleeding. If it is not possible to reach me or the physician named above to receive our instructions for my child's care, consent is hereby given to any licensed physician and/or surgeon to whom the child is taken for treatment, to administer drugs or medicine or to perform any tests or surgical procedures s/he shall deem necessary for the relief of pain and to preserve my child's life and health.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Street Address: _____ City, St., Zip: _____

Medical Insurance Company: _____

Insurance Co. Address: _____ City, St., Zip: _____

Insurance Co. Phone: _____ Group ID No.: _____

Name of Insured: _____ Plan No.: _____

Medication Release: I hereby give an authorized staff representative of The Waverly School permission to administer an appropriate dosage of acetaminophen or ibuprofen to my child, with the approval of the Director and provided I have given verbal authorization by telephone or in person.

Parent/Guardian's Signature: _____ Date: _____

Field Trip Consent: I authorize those in charge at The Waverly School to take my child on any field trips or sports-related activities (practices & games) which are a part of the planned activities of the school. The transportation for these trips may be by bus, public transportation, private car, or walking. I agree to instruct my child to cooperate with all directions and instructions of any member of The Waverly School staff.

Parent/Guardian's Signature: _____ Date: _____

Photographic Release: I hereby give The Waverly School permission to use any pictures of my child taken while engaged in school-related activities for educational or promotional purposes. It is understood that this release includes still photographs, motion pictures, and videotapes, and that the pictures will be taken only with the approval of the Director.

Parent/Guardian's Signature: _____ Date: _____