

Detroit Waldorf School
Field Trip / Transportation Release Form

Field Trip / Transportation Permission

The below named child(ren) has permission to participate in curricular and extracurricular off campus activities through the last day of the school year. This includes participation in the overnight school-sponsored events as well as athletic events. We agree to be solely responsible for and to defend, indemnify, and hold harmless Detroit Waldorf School, its employees, agents and assigns free and harmless from any and all claims, demands, lawsuits, causes of action, penalties, liability, damages, or expenses in connection with such trips.

It is my understanding that students will be transported by privately owned automobiles driven by parents. I understand that every reasonable effort will be made to plan for safety on these trips. I am aware that the driver and/or owner of a privately owned automobile is responsible for liability incurred while on an educational trip just as he or she would be in the normal operation of the vehicle and that, under the provisions of no fault legislation, passengers are protected by the insurance carried by their own families.

Emergency Treatment Permission

We, the undersigned parents of the below named child(ren), do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment or hospital service that may be rendered to said minor(s) under the general or specific instructions of Detroit Waldorf School or MD on duty for emergency treatment of said minor(s). It is understood that this consent is given in advance of any specific diagnosis or treatment being required but is given to encourage Detroit Waldorf School and said physician to exercise judgement as to the requirements of such diagnosis or treatment.

Student #1 _____	Teacher: _____		
Student #2 _____	Teacher: _____		
Student #3 _____	Teacher: _____		
_____	_____		
Parent/Legal Guardian Signature	Date	Parent/Legal Guardian Signature	Date

EMERGENCY MEDICAL INFORMATION

Student #1 _____	Birth date _____	Grade _____
Medications _____	Allergies _____	Tetanus _____
_____	_____	_____
Student #2 _____	Birth date _____	Grade _____
Medications _____	Allergies _____	Tetanus _____
_____	_____	_____
Student #3 _____	Birth date _____	Grade _____
Medications _____	Allergies _____	Tetanus _____
_____	_____	_____

EMERGENCY PHONE NUMBERS

Home Phone _____	Work Phone _____
Mobile Phone _____	Other Phone _____
Doctor's Name _____	Doctor's Phone _____
Dentist's Name _____	Dentist's Phone _____
Medical Insurance _____	Policy # _____

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