



# Student Permission Form 2011-2012

Student Name \_\_\_\_\_ class \_\_\_\_\_

Mailing Address

birth date \_\_\_\_\_

gender \_\_\_\_\_

Street address if PO Box and town if different from mailing

\_\_\_\_\_

student resides with  both together  mother only  other  
 both separately  father only

mail should be sent to  both together  mother only  other  
 both separately  father only

Parent/Guardian name \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Address

Address (if different)

Phone(s)

Phone(s)

home \_\_\_\_\_

home \_\_\_\_\_

cell \_\_\_\_\_

cell \_\_\_\_\_

work \_\_\_\_\_

work \_\_\_\_\_

other \_\_\_\_\_

other \_\_\_\_\_

email \_\_\_\_\_

email \_\_\_\_\_

employer \_\_\_\_\_

employer \_\_\_\_\_

position \_\_\_\_\_

position \_\_\_\_\_

employer address

employer address

employer phone \_\_\_\_\_

employer phone \_\_\_\_\_

## Emergency Contacts

Please list three people we could contact in case of emergency if parent cannot be reached: (at minimum, one should be local)

Name	Address	Phone (h)	Phone (w)

**- please turn over -**

## Medical Information

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Student's Physician:

Address:

phone #:

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Student's Dentist:

Address:

phone #:

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Health insurance company:

Policy #: we need this!

phone #:

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Student's medical history

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Current health concerns:

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Allergies:

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List all medications student takes:

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In case of early dismissal for weather-related or other reasons, my child should:

*take bus*     *stay at school*     *go home with friend*

\_\_\_\_\_ (please specify friend if you choose that option or bus i.e. NY Taconic, NY Chatham, MA, or CT if applicable)

Please note: you must register for bus service with the form provided in spring of the previous academic year. Choosing the bus option here does not guarantee a space with a particular bus service.

THE SCHOOL DOES NOT CALL PARENTS TO NOTIFY THEM OF EARLY DISMISSAL OR CLOSURE. In case of inclement weather, please call school and listen to updated outgoing message advising of an early dismissal. Also, please refer to radio or television news announcements for Great Barrington Rudolf Steiner School or Berkshire Hills school closings (note that closings for Southern Regional Berkshire Schools do not affect us).

If parents share custody, please note your schedule with this form so that we may dismiss properly.

**I hereby consent to my child being the subject of photographs of the Great Barrington Rudolf Steiner School. I further consent to the reproduction and/or use of such photographs for the purposes of promoting the school.**

My child has permission to participate in all school activities, including athletics, fields trips, and school outings.

In the event of a medical emergency in which I cannot be reached to consent to medical treatment for my child, or be present to sign authorization by the hospital or treating physician, I hereby authorize the school, its authorized personnel or agents of The Great Barrington Rudolf Steiner School (GBRSS) to consent to emergency medical treatment for my child in my stead.

**Parent Signature:**

**Date:**

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