

**EWS NURSERY and PRE-K/KINDERGARTEN
EMERGENCY AND APPLICATION INFORMATION**

*Emerson Waldorf School, 6211 New Jericho Road, Chapel Hill, NC 27516
Phones: main office 919-967-1858, kindergarten office 919-967-3362 www.emersonwaldorf.org*

Application Date

Enrollment Date

Grade:

Student Name:

Student Sex:

Birth Date:

Parent Information

Parent/Guardian Name: Home# Cell#

Address: City: Zip:

Employer/Department: Work #

Parent/Guardian Name: Home# Cell#

Address: City: Zip:

Employer/Department: Work #

Emergency contacts in the event of illness, injury, or school closure if you cannot be reached:

Name: Relation: Home# Cell#

Name: Relation: Home# Cell#

If you cannot pick up your child from school, list the names of persons to whom the child can be released:

EWS Pre-K/K Operational Policies

I have received a copy of the policies and understand that I will be given changes in writing. Yes ___ No ___

NC Childcare Laws and Rules

I have received a copy of *Summary: North Carolina Child Care Law and Rules*. Yes ___ No ___

Permission to play outside the fenced playground

I give permission for my child to play outside the fenced playground for supervised activities such as gardening and nature walks, valid for the duration of my child's enrollment. Yes ___ No ___

Signature _____ **Date** _____

Authorization To Consent To Health Care For A Minor

In case of an accident or serious illness, I request that the school attempt to contact me. If the school is unable to reach me, I/we, of _____ County, North Carolina, am/are the custodial parent(s), having legal custody of the above-named minor child. I/we authorize the operator, administration, faculty and/or staff of Emerson Waldorf School, adults in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care; and (ii) to consent to and authorize any health care, including the administration of anesthesia, x-ray examination, performance of operations, and other procedures by physicians, dentists and other medical personnel, except the withholding or withdrawal of life-sustaining procedures. By signing here, I/we indicate that I/we have the understanding and capacity to communicate health care decisions and that I/we am/are fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein. This *Authorization To Consent To Health Care For A Minor* is given pursuant to North Carolina General Statute Section 32A-34.

SIGNATURE SIGNATURE(S): _____ Date: _____

In case this child is involved in a medical emergency, EWS will attempt to contact the child’s physician and/or dentist listed below. However, EWS will take any steps necessary, as outlined in the above “Authorization To Consent To Health Care For A Minor,” to provide proper health care for this child.

Your child will not be enrolled or permitted to attend without complete physician, dentist, and hospital information.

Significant Medical Information

Physician Name: _____ Physician Phone # _____
Address _____

Dentist Name: _____ Dentist Phone # _____
Address _____

Hospital of Choice: _____ Phone _____

Chronic Conditions:

Allergies (medications, insect stings, food, other):

Current Medications

**Medical Authorization form signed by physician required for any prescribed medications*

Medical Insurance Carrier Name Policy #

Does your child have any physical disabilities?

Explain:

Please give any information concerning your child which will be helpful in his or her experience in a group setting such as play, eating and sleeping habits, special fears, special likes or dislikes:

TEACHER USE ONLY

I, as operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child’s parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Operator _____ Date _____