

Compiled Releases and Authorizations

2018-19

Please Print Parent/Guardian Full Name:	
Student's Name	Grade/Class

Part 1: 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 am/are the custodial parent(s), having legal custody of the above-named minor child. I/we authorize the administration, faculty and/or staff of Asheville 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, see http://www.ncga.state.nc.us/gascripts/statutes/StatutesTOC.pl?Chapter=0032A)

In case this child is involved in a medical emergency, Asheville Waldorf School will attempt to contact the child's parents, physician and/or dentist listed on the health preferences form. In addition, Asheville Waldorf School 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. Asheville Waldorf School does not assume responsibility for any costs that may be incurred for any care or treatment that your child may receive and/or does not assume liability for any injury or acute condition that he or she may experience while on the School's campus or attending field trips/outings.

I am giving Asheville Waldorf School th child, and I agree to update this information. Asheville Waldorf School's policy relate we hereby authorize the transfer of my	ation in the eved to liability a	ent of any one of the contract	change. I understand and agree to care. In the event of an emergency, I
Signature			Date
Part 2: Medical Information			
Student: Printed: Last Name	First Name	 Initial	Grade
 Chronic conditions: Allergies (Please note if it is an omedication is part of your child's Current medications: 	•		•
	Requ	ired	
a copy of student's a copy of the "Religio	or		• •
Physical Disabilities Does your child have any physical disa Explain:	·		

Please contact us if there are any major changes in your child's information or status.

Part 3: School Releases and Permission

Photo/Video Release

I hereby give permission for my son/daughter to be photographed or videotaped by Asheville Waldorf School. I realize that the photo may be published in the newspaper, a magazine, or other publication as a part of Asheville Waldorf School's public relations and advertising. The video may be used for educational or informational purposes regarding the programs or curriculum at Asheville Waldorf School.

Yes		No	
-----	--	----	--

School Directory Release

I would like our family's email address, physical address and mobile/home phone number listed in the Asheville Waldorf School Directory. I understand the directory will be used for school purposes only and will not be shared with other institutions or businesses.

Support of School Philosophy

Parents are required to support the philosophy of Asheville Waldorf School. Therefore, families agree to:

- Always treat children, other parents, faculty and staff in a respectful manner. When problems
 arise, contact the teacher or an Administrative member to ensure that the matter will be
 resolved in a positive manner.
- Pledge to pay fees on or before the due date and agree to the penalties identified in the enrollment agreement.
- Understand that Fundraising is a necessary and important part of the School's funding, and plan to assist with Fundraising and to donate each year at your level of ability.
- Volunteer on a regular basis to support the well-being of the School and to assist the teachers and staff as needed.
- Agree to bring students to the program consistently and in a timely manner and to pick them
 up at the specified time without tardiness.

- Attend parent-teacher conferences, festivals, parent meetings and special events.
- Read Asheville Waldorf newsletters and on-line calendar to be aware of activities and updates, www.ashevillewaldorf.org.
- Eliminate or limit the amount of "screen" time (e.g. television, computer, videos, Wii, etc.) in your home and for your child, especially during the school week.
- Provide healthy lunches and snacks for your child(ren).

Yes	No	
162	INO	

Late Fees Agreement

I understand and agree to the policies on late tuition and late pick up fees. I agree to pay these fees if necessary as outlined in the Parent Handbook.

Yes	No	

Supervision by Volunteers

Asheville Waldorf School encourages community members to periodically volunteer in the classroom. Volunteers assist in providing the children with more individualized attention and assist the faculty in implementing activities that need more adult supervision. All volunteers are trained by the supervising teacher. I give Asheville Waldorf School permission to use volunteers in the classroom with my child present.

Acknowledgment: Receipt of Parent Handbook

I have read the Asheville Waldorf School Parent Handbook, on the website, and un	derstand the
policies it contains. I also understand that any changes to the Handbook will be ma	ade available in
writing and/or on the School website: www.ashevillewaldorf.org.	

	Yes	No	
Outside Play Permission			
I give permission for my child to play outsi nature walks and gardening, valid for the		•	
As a parent/guardian ofPrinted: S	Student's First & Last Name		
I have completed this compilation of relea information as of the date below, if there a		•	•
Parent/guardian Signature	Date		
Print Parent/guardian Name			