



VISITOR INFORMATION FORM

I give permission for my child, _____, to visit The Waldorf School of Philadelphia on the following dates: _____.

In the event of a medical emergency, I give permission to the faculty and staff of The Waldorf School of Philadelphia to take appropriate measures to treat the emergency, including transportation to the nearest medical facility. In the event of an emergency, The Waldorf School of Philadelphia will make every effort to contact a parent or one of the individuals named below.

Signature

Relationship to visiting child

Please print name here

Please fill out the following information:

Parent/Guardian name _____ Daytime phone # _____

Cell phone # _____

Parent/Guardian name _____ Daytime phone # _____

Cell phone # _____

Does the visiting child have any allergies or intolerances? _____

What happens? _____

Physician's name & phone # _____

Insurance information _____

Who should we contact in the event of an emergency if we are unable to reach you?

Name _____ Phone numbers _____

Name _____ Phone numbers _____

Name _____ Phone numbers _____