ASHWOOD
Waldorf School

180 Park Street
Rockport, ME 04856
phone 207.236.8021 fax 207.230.2423
www.ashwoodwaldorf.org

Summer Camp Consent form

Student Information

Student's Name _____ Date of Birth _____ School _____ Grade _____

Name(s) of Parent/Guardian _____ Home Phone _____

Parents Mailing Address _____

Cell Phone _____ Day Phone _____

Parents E-mail Address _____

Medical Information and Treatment Authorization

Physician's Name & Address _____ Phone _____

Dentist's Name & Address _____ Phone _____

Medical Alert (if any, including significant allergies) _____

Has child's doctor prescribed an EpiPen? _____ Any Medications taken by child _____

I hereby authorize Ashwood Waldorf School to provide first aid and obtain medical treatment for my child. In the event of an emergency every attempt will be made to contact the parents.

Parent/Guardian Signature _____ **Date** _____

Alternate Emergency Contacts: List at least one person authorized to pick up your child (if parents cannot be reached).

Name _____ Phone _____ E-mail _____

I hereby grant Ashwood Waldorf School permission to use my child's photograph/video images ☐

I **do not grant** Ashwood Waldorf School permission to use my child's photograph/video images ☐

Parent/Guardian #1 Signature _____ **Date** _____

☐ Circus Arts Camp ☐ Ultimate Frisbee Camp