



Emergency Contact and Authorization Form

Child's name _____ M or F (please circle) Birth date _____

Parent/Guardian Information

Parent/Guardian _____ Relationship _____

Home address _____

Home phone _____ Work phone _____

Cell phone _____ Employer _____

Email _____

Parent/Guardian _____ Relationship _____

Home address _____

Home phone _____ Work phone _____

Cell phone _____ Employer _____

Email _____

Additional emergency contacts if a parent or guardian cannot be reached:

Name _____ Relationship _____

Home phone _____ Cell phone _____

Name _____ Relationship _____

Home phone _____ Cell phone _____

Authorization for Wildwood Nature School Staff to Consent to Medical Treatment

We will always try to reach parent/guardian in the case of an emergency involving your child. If your child is involved in a serious accident, we will call 911 to send paramedics and an ambulance. If the determination is made that emergency care is needed, the ambulance will transport your child to the nearest hospital (St. Vincent Hospital). If you wish to name an alternate hospital, please include it here _____.

I, the parent/legal guardian of _____, do hereby authorize **Wildwood Nature School Staff at 14140 NW Newberry Rd., Portland, OREGON 97231** to consent to any medical or surgical treatment of the above child which such staff members deem advisable in an emergency if a parent or legal guardian cannot reasonably be located when the child is brought for treatment. This authorization will be effective for the 2010-2011 school year.

Signature of parent/guardian _____ Date _____

Medical Information

Chronic illnesses or allergies _____

Allergies to medication _____

Medical history/medical concerns _____

Current medications _____

Child's Doctor _____ Doctor's phone _____

Medical Insurance Provider _____ Policy/Group ID # _____

Pick-Up Authorization

Please note that photo ID will be required in order for persons unknown to the teacher to pick-up a child. Your child will not be released to anyone not on this list under any circumstances. Please contact the school in person to update the list.

The following persons are authorized to pick up my child:

Name	Relationship	Home Phone	Cell Phone
1.			
2.			
3.			

Signature of parent/legal guardian _____ Date _____

Photo Authorization

I give permission for my child to be photographed during classroom hours. The photos will be used to document my child's work and activities and will become part of my child's portfolio.

In addition, I **do/do not (please circle)** give permission for my child's picture to appear on the school's website, Facebook, brochures or other promotional media. Please note any exceptions:

Signature of parent/guardian _____ Date _____