Honolulu Waldorf School

Received: _____
(FOR OFFICE USE ONLY)

VISITING STUDENT INFORMATION AND RELEASE FORM

Dates Visiting: _____

Student Last Name	Student First Name	Gender	Birth Date	Grade or Class

PRIMARY CONTACTS

	Parent/Guardian 1	Parent/Guardian 2
Full Name		
Home Phone		
Work Phone		
Cell Phone		
Email		

ADDITIONAL EMERGENCY AND PICKUP CONTACTS

In case of illness or emergency and the primary contacts cannot be reached, alternative contacts will be contacted to pick up your child.

	First Alternative Contact	Second Alternative Contact
Full Name		
Relationship		
Home Phone		
Work Phone		
Cell Phone		
Email		
Please Check	Authorized to pick-up from school: ☐ NO ☐ YES	Authorized to pick-up from school: ☐ NO ☐ YES

MEDICAL

Student's Allergies/Medical Conditions	
Student's Physician	
Student's Physician Telephone Number	
Medical Insurance and Group Number	

You must complete the ***Request for Administration/Storage of Medication in School*** form, (available at school office), if you want any medication for your child stored or administered at the school. Medication must be in original packaging.

RELEASE

☐ NO ☐ YES	In case of trauma, my child may be given a homeopathic remedy commonly known as Rescue Remedy.
☐ NO ☐ YES	My child, if in grades 1 through 5, may be dismissed from School to travel independently such as walking, the bus, or private car. (Grades 6 and up are automatically released)

You and your child agree to abide by all School rules and regulations. He or she may go off campus on school field trips which include neighborhood walks and day trips. My child may be photographed or videotaped for School promotional purposes. If your child becomes ill or injured, the School may have your child treated at the nearest medical facility. You agree to release, indemnify, and hold the School and its employees, agents, and volunteers harmless from all claims relating to your child attending the School and participating in its programs. Signing below signifies you have the authority to enter into this agreement.

ALL RESPONSIBLE PARENT/GUARDIAN SIGNATURES ARE REQUIRED

_____ _____ _____
Parent or Guardian 1 (PRINT FULL NAME) SIGNATURE Date

_____ _____ _____
Parent or Guardian 2 (PRINT FULL NAME) SIGNATURE Date

Early Childhood – Grade 8 (Niu Campus): 350 Ulua Street, Honolulu, Hawaii 96821 • 808.377.5471 • 808.373.2040 Fax
High School (Makai Campus): 5257 Kalanianaole Hwy, Honolulu, Hawaii 96821 • 808.735.9311 • 808.373.4982 Fax
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