



Cincinnati Waldorf School
Emergency Transportation Form (ETA)
2013-2014

Rule 5101:2-12-49, 2-13-48, and 2-14-19 of the Ohio Administrative Code requires certified Child Day Care Centers to secure parental permission to transport a child in an emergency before the child begins attending the facility.

Child's Name _____ **Birthday** _____

Address _____ Telephone _____

City _____ State _____ Zip _____

Public School District of Residence _____ Local School Name _____

Mother's Name _____ **Father's Name** _____

Employer's Name _____ Employer's Name _____

Employer's Telephone _____ Employer's Telephone _____

Cell Phone _____ Cell Phone _____

E-mail address _____ E-mail address _____

Two people to contact in the event of an emergency if the parent(s) can not be reached.

Name _____ Name _____

Address _____ Address _____

City-State-Zip _____ City-State-Zip _____

Relationship to Child _____ Relationship to Child _____

Cell Phone _____ Cell Phone _____

Other Phone Numbers _____ Other Phone Numbers _____

CHILD'S PHYSICIAN: _____ Telephone _____

Address _____ City-State-Zip _____

CHILD'S DENTIST: _____ Telephone _____

Address _____ City-State-Zip _____

**More Information needed on the back. Please turn over and complete. Thank you.*

Either Part I or Part II below must be completed. Do not complete both.

Part I: Permission to Transport Child

I give the Cincinnati Waldorf School permission to transport my child _____ to the (hospital) _____ for emergency medical treatment, or to (dentist) _____ for emergency dental care.

Parent Signature _____ **Date** _____

Part II: Refusal to grant permission to Transport Child

I do not give the Cincinnati Waldorf School permission to transport my child, _____, for emergency medical or dental treatment. I wish the following actions to be taken in case of an emergency:

_____.

Parent Signature _____ **Date** _____

HEALTH INFORMATION

1. List any allergies, special precautions, or treatments required:
2. List any medications, food supplements, modified diets, or fluoride treatments currently being administered:
3. List any chronic physical problem or history of hospitalization:
4. List any diseases the child has:

School Directory: I agree to have my name and telephone number included on my child's class roster and in the school's Family Directory. I understand that these can be made available upon request to any parent whose child is enrolled in the school. **YES** _____ **NO** _____

Photographs: My child may be included in photographs or recordings taken at school functions for print, video, social media, website and public relations purposes. **YES** _____ **NO** _____

Parent Signature _____ **Date** _____