



Inglemoor Cooperative Preschool
HEALTH AND SAFETY FORM

School Year 20__ to 20__

Please complete the following information (note there are two pages).

Class you are enrolling in (circle one): Toddler Pre 3 3-4 Pre-K 5's

Child's name Date of Birth

Home address () Cell phone or pager including area code

Home phone including area code () Daytime phone including area code

Mother's name Daytime phone including area code

Employer Location

Father's name () Daytime phone including area code

Employer Location

Others living in home (siblings, grandparents, friends, etc)

Table with 4 columns: Name, Relationship, Date of Birth, School. Rows 1-4.

Out of state contacts (in the event a disaster disrupts local phone lines)

1. Name () Best phone to reach contact Relationship Address

2. Name () Best phone to reach contact Relationship Address

Acknowledgement:

As a voluntary driver I understand the liability insurance on my vehicle is primary insurance and in the event of an accident, my insurance will respond to any injuries or damage to the extent that I am legally obligated to pay. I also agree to hold harmless the parent education cooperative, staff, or its board members from any and all claims, liabilities, damages or expenses (including defense costs) arising directly or indirectly from the maintenance, ownership or use of my vehicle.

Parent's/Drivers signature Date Relationship

Drivers License number State issued

Automobile insurance company Policy number

Medical information

List any health problems/issues

Known allergies and severity (drugs, foods, etc)

Medications

Child's physician/clinic

()
Phone number including area code

Check appropriate emergency contact and release instructions:

Retain at school and release to parent only

Persons other than parent who may pick up child if unable to reach parents

1. _____
Name Relationship Phone including area code

Address

2. _____
Name Relationship Phone including area code

Address

Health Insurance

Insurance company name

()
Phone including area code

Subscribers name

Relationship

Policy number

Group number

Authorizations:

In the event of an emergency, I hereby authorize that, _____, may be given emergency treatment by the co-op teacher or parent(s). In case of an accident or illness, attempts will be made to contact the parents before any kind of action is taken beyond necessary first aid except as necessary by a licensed physician for the stabilization of my child. My primary care physician or emergency contact person(s) listed above may authorize such care in my absence. **Initials** _____

I give permission for my child to attend cooperative preschool field trips (parents will be notified in advance of all field trips.) **Initials** _____

I certify that the above information is correct and verifiable. I also agree to notify the school Health and Safety committee if any of the above information is to change throughout the school year.

Signature

Date