



**Inglemoor Cooperative Preschool  
Health and Safety Form  
2017-2018**

Please complete the following information:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

	Parent 1 Name:	Parent 2 Name:
Home Phone		
Cell Phone		
Work Phone		
Employer		

Others living in home (siblings, grandparents, friends, etc)			
Name	Relationship	Date of Birth	School

Child's Allergies \_\_\_\_\_

Child's Medical Concerns/Limitations/Medications \_\_\_\_\_

Child's Physician/Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_

**Health Insurance Information**

Insurance Company Name \_\_\_\_\_ Phone Number Including Area Code \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**Emergency Information and Consent**

Please list two out of state contacts we can call upon in the event that a disaster disrupts local phone lines:

\_\_\_\_\_  
Name Phone Name Phone

Please check the appropriate emergency contact and release instructions:

\_\_\_\_\_ Retain at school and release to parent only

\_\_\_\_\_ I give my permission for my child to go home with the following adults, in case of an emergency, if unable to reach parents

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Address

**Emergency Treatment Release**

In the event of an emergency, I hereby give my consent that my child may be given emergency treatment by ICP staff 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** \_\_\_\_\_

**Field Trip Permission**

My child has my permission to go on Inglemoor Cooperative Preschool Field Trips. Parents will be notified of all field trips. Transportation to and from field trips is provided by and/or arranged by the parent.

**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.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**