

Medical information

List any health problems/issues

Known allergies and severity (drugs, foods, etc)

Medications

Child's physician/clinic

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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