



Northshore Cooperative Preschool

MEDICAL/EMERGENCY INFO & RELEASE FORM 2018-19

Please complete one form per class. (i.e. Families with multiple students in the same class can submit one form for that class.)

STUDENT(S)

1: First and Last Name _____ Birthdate _____ Age at Aug 31st: _____

2: First and Last Name _____ Birthdate _____ Age at Aug 31st: _____

CLASS (circle) 1-2s 2-3s 3-4s Pre-K Family

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1

Parent/Guardian 2

Name _____	_____
Home Phone _____	_____
Work Phone _____	_____
Cell Phone _____	_____

Primary Address _____
Street City Zip

MEDICAL INFORMATION

Child's Doctor

Child's Dentist

Name _____	_____
Address _____	_____
Phone _____	_____

To expedite emergency care if needed, it is helpful to know:

Medical Insurance Carrier _____ Policy Number _____
 Child's Allergies _____
 Child's Medical Concerns or Limitations _____

EMERGENCY CONTACTS

Please list two emergency contacts we can call upon in the event that parents cannot be reached:

Name	Relationship	Phone Number
_____	_____	() _____
_____	_____	() _____

With the understanding that telephone lines may be down in the Puget Sound region in the event of a natural disaster, the following out-of-state telephone number(s) may be used as a contact number:

Name	Relationship	Phone	State
_____	_____	() _____	_____
_____	_____	() _____	_____

EMERGENCY TREATMENT RELEASE

In the event that I cannot be located, I hereby give my consent to qualified Cooperative Preschool staff to administer first aid, to call for emergency medical help, and/or to transport my child to a medical facility. I further consent to medical procedures to be performed for my child by a licensed physician or hospital if deemed necessary to safeguard my child’s health. Any expense incurred will be accepted by me.

Signature _____ Date _____

PICK-UP AUTHORIZATION

In the event of an emergency, I give my permission for my child(ren) to go home with the following preschool member adults:

Names:

Or with the following *non-preschool, local* adults (who will be asked for identification):

Name	Relationship	Phone Number
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

I have confirmed with the above named adults that my child has permission to go to their home. In the event that none of the above adults are able to take my child, or in the event that roads are impassable, I understand that my child will remain at the preschool.

Signature. I have read and understand the content of this form, and verify that the information I’ve provided is correct.

PRINT Parent/guardian name Parent/guardian signature Date