



# Northshore Cooperative Preschool

## MEDICAL/EMERGENCY INFO & RELEASE FORM 2021-2022

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

### 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 Northshore 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 have provided is correct.

\_\_\_\_\_  
PRINT Parent/guardian name                      Parent/guardian signature                      Date