

MEDICAL EMERGENCY FORM

Child's Name _____ Phone _____ E-mail _____

Address _____

Parents' Names _____ Address _____

Mother's Business Address _____ Phone _____

Cell phone _____ Work hours _____

Father's Business Address _____ Phone _____

Cell phone _____ Work hours _____

Physician's Name _____

Phone _____ Address _____

Known Allergies _____

If your child requires an inhaler or epi-pen at school, please contact the office for the appropriate forms.

List 2 **LOCAL** (within 20 minutes driving distance of LCNS) people to call in case of an emergency when parents are unavailable:

Name _____ Relationship _____

Phone _____ Address _____

Name _____ Relationship _____

Phone _____ Address _____

Libertyville Cooperative Nursery School has my permission to release my child to the above-authorized persons.

Parent's Signature

Date

Libertyville Cooperative Nursery School has my permission to take my child on regularly scheduled field trips and to seek emergency medical attention, if necessary. I understand that although the classroom teacher will be in charge of the field trip, my child will be transported by/and in the care of other designated parent helpers during these field trips. I am aware that all children must be placed in an age-appropriate car seat or booster seat properly secured in the back seat(s) of the vehicle. I understand that I am responsible for providing the car seat or booster seat and insuring proper installation of the seat into the car going on the field trip.

Parent's Signature

Date

FIELD TRIP DRIVING FORM

*All parents may be expected to drive on at least one field trip. Parents driving on field trips for the Libertyville Cooperative Nursery School must have liability coverage as a portion of their car insurance. LCNS insurance is supplemental to your personal coverage. **ALL DRIVERS MUST BE INSURED.***

Please list below your policy number and insurance company:

Your Name: _____ Child's name _____

Automobile Insurance Company: _____ Policy No _____