

# FISHERS POINTE COOPERATIVE PRESCHOOL, INC

## STUDENT INFORMATION FORM

Students Name \_\_\_\_\_  
Racial/ethnic background \_\_\_\_\_  
Parents/Legal guardian's names \_\_\_\_\_  
Racial/ethnic background \_\_\_\_\_  
Address \_\_\_\_\_  
Child's Birthday \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ cell/beeper number \_\_\_\_\_

\*\*\*\*\*

## EMERGENCY/MEDICAL FORM

### CHILD'S HEALTH INFORMATION

Student's name \_\_\_\_\_  
Weight \_\_\_\_\_ Height \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_  
Any Important Information (i.e. epilepsy, diabetes, asthma, physical limitations) \_\_\_\_\_

Physician \_\_\_\_\_  
(Name) (Phone)  
Dentist \_\_\_\_\_  
(Name) (Phone)  
Emergency Contact \_\_\_\_\_  
(Name) (Phone)

\*\*\*\*\*

### Field Trip Transportation Permit

The Indiana Council of Preschool Cooperatives and its insuring agent recommend that all persons driving car pool and on field trips on behalf of the preschool carry adequate auto liability coverage with limits no less than \$100,000/\$300,000 for bodily injury and \$50,000 for damage to property of others.

I have automobile insurance coverage equal to or above the amounts listed above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*Fishers Pointe Cooperative Preschool does not discriminate on the basis of race, color, national and ethnic origin.