

LAURELWOOD PRESCHOOL

INSURANCE WAIVER

The undersigned parent or guardian agrees to indemnify and hold Laurelwood Preschool Association and any officer, employee or member thereof harmless from and against any and all loss, damage, cost or expense for any injury which may be suffered by the undersigned student arising out of or in any way connected with his participation in the activities of said Preschool.

The undersigned further agrees that he/she will not hold the Laurelwood Elementary School, Santa Clara Unified School District or any of its officers, employees or associates responsible or liable and waives all rights to claim for damages for injuries received.

STUDENT_____ DATE_____

TEACHER_____

PARENT/GUARDIAN SIGNATURE_____

MEDICAL AUTHORIZATION

In case of minor illness or injury, first aid will be administered. If serious illness or injury occurs, we will attempt to notify the parent/guardian. If we are unable to reach you, we must have the following authorization signed to assure that immediate medical attention can be given.

In case of serious illness or injury, I authorize any duly licensed physician or surgeon to administer necessary treatment to my son/daughter.

STUDENT_____ DATE_____

TEACHER_____

PARENT/GUARDIAN SIGNATURE_____