

PLEASE RETURN THIS FORM WITH YOUR REGISTRATION. THANK YOU!

INSURANCE WAIVER FORM

DUTILH PRESCHOOL 2009-2010

Dear Parent,

Your child is enrolled for the 2009-2010 school year at Dutilh Preschool. We know that it is your wish, as well as ours, that every possible precaution is taken to provide a safe environment for your child. We do our utmost to promote this by providing teacher training, safe equipment, supervised activities, and by encouraging good safety habits.

Despite all our efforts, accidents do happen occasionally while students are at preschool. Dutilh Preschool does not carry nor require students to purchase school accident insurance. It is, therefore, necessary for parents to have their own insurance coverage for their children. Please complete the form explaining that you have your child adequately insured with your own personal family insurance.

Our policy is: **FIRST**, call the parents in order that they may transport the child to their family physician. **SECOND**, call persons listed as emergency contacts should the parents be unavailable. In extreme cases where time is very important, an injured child may be taken directly to the hospital.

We solicit your help in the smooth functioning of our preschool program. Please fill in the following information, sign, and return this form to school.

STUDENT'S NAME _____

We are the Parents/legal guardians of the above named student.

SIGNATURE OF PARENT/GUARDIAN _____

_____ **YES**, I have read the above information and acknowledge that my child is adequately covered by our own personal insurance against injuries sustained while at preschool.

He/she has my permission to participate in preschool activities while enrolled at

_____ (Dutilh Preschool)

_____ Date

SIGNATURE OF PARENT/GUARDIAN _____