

Eastside Family Cooperative Emergency Information and Authorizations

CHILD INFORMATION		
Name First:	Middle Initial:	Last:
Home Address:		Apt. #:
City:	State:	Zip Code:
Home Phone:	Alternative Phone:	Email:
Sibling Name(s) & Birth Date(s)		

PARENT/GUARDIAN CONTACT INFORMATION		
Parent 1: _____ (First/Last Name)		
Legal Guardian (if other than parent):		
Work Address:		
City:	State:	Zip Code:
Daytime Phone:	Evening Phone:	Cell Phone:
Email Address:		

PARENT/GUARDIAN CONTACT INFORMATION		
Parent 2: _____ (First/Last Name)		
Legal Guardian (if other than parent):		
Work Address:		
City:	State:	Zip Code:
Daytime Phone:	Evening Phone:	Cell Phone:
Email Address:		

NON-DISCRIMINATION STATEMENT

Eastside Family Co-op does not discriminate on the basis of race, color, national origin, sex, religion, age or disability.

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EMERGENCY CONTACT INFORMATION (FRIENDS, FAMILY, NEIGHBORS) (These contacts will be used if your child gets sick at co-op and we cannot reach you)		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

MEDICAL INFORMATION	
Child's Physician, Address & Phone:	
Allergies & Medical Conditions:	
Insurance Company:	
Insurance Mailing Address & Phone:	
Name of Insured:	
Policy/Member Number:	Group Number:
Employer of Policy Holder:	
Employer Address:	

AUTHORIZATION & CONSENT	
PARENTAL CONSENT	
I give Eastside Family Co-op permission to be photographed for Co-op albums and for publicity purposes. If for publicity, I will be given notice of the use of my child's photo.	
PARTICIPATION AND RELEASE FROM LIABILITY	
I give my child permission to participate in Eastside Family Co-op fieldtrips, given my prior knowledge of the trip.	
MEDICAL PERMISSION AGREEMENT	
In the event of an emergency concerning my child when I cannot be reached, I hereby authorize Eastside Family Cooperative to act on my behalf in securing medical attention, including first aid and hospital treatment if necessary.	
EXECUTION	
In consideration for participation in the Eastside Family Co-op activities or use of Eastside Family Co-op's facilities, I agree to the terms and conditions set forth in this release agreement. I understand that this is a binding legal document. I also understand the terms and conditions of this agreement.	
<hr style="width: 80%; margin: 0 auto;"/> Parent/Guardian Signature	<hr style="width: 80%; margin: 0 auto;"/> Today's Date

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