



Please fill in the top half or the bottom half of this sheet.

INSURANCE WAIVER

I hereby swear that _____ is

(Child's Name)

currently covered by a health and accident insurance policy. Should an accident occur during the pre-school program said policy will cover resultant expenses and medical consultations. I will in no way hold Lake Zurich High School, Lake Zurich, Illinois, or Mrs. Caparelli responsible for injury that occurs during the normal course of the pre-school program.

(Parent signature)

(Date)

OR

_____ is not covered by our family health

(Child's Name)

and accident policy. However, should an accident occur at the pre-school, I will in no way hold Lake Zurich High School, Lake Zurich, Illinois, or Mrs. Caparelli responsible for any expenses or medical consultations that may result in case of an accident.

(Parent signature)

(Date)

