



My School Preschool

P.O. Box 541

Mars, PA 16046

724-272-9911

An Outreach of Mars United Presbyterian Church

PLEASE RETURN THIS FORM ASAP! THANK YOU!

Insurance Waiver Form 2020/2021

Dear Parent,

Your child is enrolled for the 2020-2021 school year at My School Preschool. We know that is your wish, as well as ours, that every possible precaution is taken to provide a safe school 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. My School 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 are asking for your help in the smooth functioning of our preschool program. Please fill in the following information, sign, and return this form to school.

print students name

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

_____/_____/_____
SIGNATURE OF THE PARENT/LEGAL 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 AT MY SCHOOL PRESCHOOL.

_____/_____/_____
SIGNATURE OF PARENT/LEGAL GUARDIAN



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