



The Learning Tree Pre-School

"Helping Children Grow"

993 Green Street, Iselin, NJ 08830
(732) 283-4746

AFFIDAVIT

Dear Parents,

In order to comply with State regulations this form must be completed, signed and **notarized** as soon as possible. Please return it promptly to the office with a **copy of your health insurance card attached**. When you change carriers please notify the school nurse immediately.

In case of an emergency, I authorize The Learning Tree to have a licensed physician or hospital administer treatment to my child _____ Whereof NO responsibility of treatment nor treatment costs incurred will be the responsibility of The Learning Tree.

print name

Health Insurance _____ ID # _____

Authorized Physician _____ Phone Number _____

Authorized Hospital _____ Phone Number _____

Please list any life threatening **allergies** which your child has:

1. Definition - _____
2. Body Responses - _____
3. Symptoms - _____
4. Causes - _____
5. Prevention - _____
6. Management - _____
7. Epi - Pen _____ Yes _____ NO

Signature of Parent or Guardian _____

Date _____

Notary _____

SEAL