

# Huguenot Street Cooperative Nursery School Emergency Information Form

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Medical Alert** List any allergies to medication, food, etc. and any medical conditions to be noted in an emergency.

\_\_\_\_\_

In case of an accident or serious medial emergency, the school is authorized to call the New Paltz Rescue Squad and then proceed as indicated below. Number each item in order of desired action.

**Please list complete information for each contact.**

**( 1 ) Contact the New Paltz Rescue Squad**

**( ) Contact the mother:** Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**( ) Contact the father:** Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**( ) Contact Physician:** Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**( ) Take child to emergency hospital**

\_\_\_\_\_

**( ) Other desired procedure (contact friend, relative, etc.)**

\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_