

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 _____