

YORKTOWN COMMUNITY NURSERY SCHOOL

EMERGENCY INFORMATION FORM

1. **Name of child** _____ **Class** _____
Child's Physician _____ **Phone** _____
Child's Dentist _____ **Phone** _____
Health Insurance _____ **Policy #** _____

2. **Describe any medical conditions, allergies, treatments, medication currently needed by your child:** _____

State law requires that the Nursery School have on file for each child the following information and authorization in case of illness, injury or emergency while the child is at school. Please provide below the names of the persons we should contact in the event of an emergency who have agreed to be called upon in your stead if you are unavailable.

3. **In case of illness, injury or emergency, please notify:**

a. **Name** _____ **Relationship** _____
Phone _____ **Cell** _____

b. **Name** _____ **Relationship** _____
Phone _____ **Cell** _____

c. **Name** _____ **Relationship** _____
Phone _____ **Cell** _____

I authorize Yorktown Community Nursery School to arrange and provide for my child while in attendance at the school, such medical or other care deemed necessary in the event of illness, injury, or other emergency. I will pay the costs incurred therefore and request that notice be given to any person listed above in the event of such illness, injury, or other emergency.

4. **Parent Signature** _____ **Date** _____
Home _____ **Work** _____ **Cell** _____

Parent Signature _____ **Date** _____
Home _____ **Work** _____ **Cell** _____