



THE NYACK CENTER

## Nyack Center Child's Emergency Information

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address & Phone:

1. Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Address and Phone number where parent can be reached during After School Program hours:

1. Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician Information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Members or Friends to Notify in case of Emergency (daytime phone numbers):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please specify anything we should know in case of a medical emergency (allergies, etc.):

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