



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.):
