

**Nauraushaun Nursery School  
Office Emergency Contact Form**

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work/Other #: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work/Other #: \_\_\_\_\_

*If your child is typically in the care of a sitter/family member, please provide that person's information and relationship here.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Best # \_\_\_\_\_

*List two neighbors or nearby relatives who may assume temporary care of your child if you cannot be reached.*

1. Name: \_\_\_\_\_ Phone #s: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #s: \_\_\_\_\_

Date: \_\_\_\_\_

**In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.**

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

Allergies: \_\_\_\_\_ Other Conditions: \_\_\_\_\_

Local Physician's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Hospital of Choice: (please circle one)      Nyack      Good Samaritan