Emergency Contact Information Form

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian #1 Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Parent/Guardian #2 Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Emergency Contacts: (*these individuals must live on Staten Island, drive, and be willing to pick your child up in the event of an emergency.*)

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

In the event of an emergency or in case of injury, I authorize Children At Play preschool to act on my behalf to obtain medical treatment for my child, including calling 911 and instructing the ambulance to go to the assigned hospital of the day or your preferred hospital.

Comments:

_____   _____

Parent/Guardian's Signature   Date