



EMERGENCY CONTACT INFORMATION

STUDENT: _____ **CLASS:** _____ MWF _____ T/TH

MEDICAL CONTACTS:

Hospital Preference: _____ Phone: _____

Pediatrician: _____ Phone: _____

Dentist: _____ Phone: _____

Pharmacy: _____ Phone: _____

Health insurance Plan _____

Policy # _____ Phone _____

FAMILY CONTACTS:

Father/Guardian: _____ **Phone:** _____

Address: _____ **City:** _____

Mother/Guardian: _____ **Phone:** _____

Address: _____ **City:** _____

Other Emergency Contact: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Grand Island Cooperative Nursery School

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