



EMERGENCY CONTACT SHEET

STUDENT: _____ **CLASS:** MWF TH

MEDICAL CONTACTS

Hospital: _____ Phone: _____

Pediatrician: _____ Phone: _____

Dentist: _____ Phone: _____

Pharmacy: _____ Phone: _____

Health Insurance Plan: _____

Policy #: _____ Phone: _____

FAMILY CONTACTS

Father: _____ Phone: _____

Address: _____

Mother: _____ Phone: _____

Address: _____

Guardian/Care Provider: _____

Other Emergency Contact: _____ Relationship: _____

Address: _____

Grand Island Cooperative Nursery School

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