

PLAYLAND NURSERY SCHOOL

Located at: 802 Ponus Ridge Rd., New Canaan, CT 06840

Mailing address: P.O. Box 4718, Stamford, CT 06907

Phone: 203-966-2937 • Fax: 203-966-2325

Email: playlanddaycamp@aol.com

EMERGENCY INFORMATION FORM

2009-2010

Child's Name _____ Home Phone _____

Male / Female _____ Birthdate _____

Home address _____

Family email: _____

Mother / Guardian's name _____

Home phone (if different) _____ Cell phone _____

Home address (if different) _____

Place of business _____ Phone _____

Father / Guardian's name _____

Home phone (if different) _____ Cell phone _____

Address (if different) _____

Place of business _____ Phone _____

If not available in an emergency, notify: (the below listed are authorized to remove my child from the school premises)

Name _____ Relationship _____

Home phone _____ Cell phone _____

Address _____

Name _____ Relationship _____

Home phone _____ Cell phone _____

Address _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

I hereby give permission for my child _____
to receive first aid or emergency medical care and to be transported by ambulance to an appropriate medical facility, if necessary.

Signature of Parent / Guardian _____ Date _____

A HEALTH FORM CURRENT WITHIN TWELVE MONTHS MUST BE ON FILE IN THE SCHOOL OFFICE.

PLAYLAND NURSERY SCHOOL DOES NOT PROVIDE ACCIDENT OR HEALTH INSURANCE.