

2023-2024

EMERGENCY INFORMATION FORM

Child's Name: _____

Date of Birth: _____

Parent's/Guardian's Name: _____

Parent's Home Address: _____

Parent's Telephone: _____

(Home) (Work) (Cell and/or Pager)

Parent e-mail Address _____

Parent's/Guardian's Name: _____

Parent's Home Address: _____

Parent's Telephone: _____

(Home) (Work) (Cell and/or Pager)

Parent e-mail Address _____

IN THE EVENT THAT NEITHER PARENT CAN BE REACHED, PLEASE LIST
TWO (2) OTHER PERSONS WE CAN CALL IN CASE OF AN EMERGENCY.
(see separate letter regarding emergency dismissal contacts)

Name: _____ Telephone: _____

Relationship to the Child: _____

Name: _____ Telephone: _____

Relationship to the Child: _____

Name: _____ Telephone: _____

Relationship to the Child: _____



48 West 74th Street
New York, NY 10023
(212) 721-8888 | main
(212) 721-1547 | fax
ParksideSchool.org

In the event that neither parent nor doctor nor other relative indicted on this form can be contacted, I give permission to bring my child to the nearest hospital at the discretion of The Parkside School administration.

Signature of Parent: _____

Date: _____

Please save and email this document to jmayonove@parksideschool.org.