

## THE ROSLYN-TRINITY COOPERATIVE DAY SCHOOL

1579 Northern Boulevard Roslyn, New York 11576 (516) 621-3380 Fax (516) 621-3258 www.roslyntrinityco-op.org

## **EMERGENCY CONTACT FORM**

Please clearly print all information on this form.

Child's Name					☐ Female
	First Name	Last Name			
Date of Birth		Home Pt	none()_		AMIL ALL
Address	· Marketin Audebra		44M* · · · ·		
Email Address					
In the event of	an emergency, Rosi	yn Trinity Cooperative Day S	School will a	ttempt to contact	the parent(s).
Parent's Name			·		
Home Phone (	)	Hours/Day	/S		
Work Phone (	)	Hours/Day	'S		
Cell Phone (	)				
Parent's Name	-		as-Avenue-		
Home Phone (	)	Hours/Day	s		·
Work Phone (	)	Hours/Days	S		
Cell Phone (	)	Hours/Days	3		
	ople are allowed to print of the interest of t	oick up my child if I am unat	ole to do so a	and will be contac	ted in the eve
1. Name		Phone (	)		
Address					1978 The Tanks of Australia
	o child				
		Phone (	)		477a-17a-17a-17a-17a-17a-17a-17a-17a-17a-
	child				
		Phone (	)		
Relationship to					

(Continued on reverse)

Family Physician or Child's Pediatrician	
Name	Phone ( )
Child's Dentist	
Name	Phone ( )
Allergiesplease list:	
Allergies to medications	
All other allergies	
Permission is hereby granted for the Rosly o health information about my child and to seek er	n-Trinity Cooperative Day School director and staff to have access
	, in the event that I cannot be contacted immediately.
Parent's signature	Date