

Must be printed in color! This form will be laminated and will travel with the teachers whenever the class leaves the UPNS premises. A copy will also be kept at the school. Please write clearly and attach a recent photo of your child's face.

| UNIVERSITY PLAZA NURSERY SCHOOL 110 Bleecker Street, NYC 212-677-3916, Loyan Beausoleil, Director EMERGENCY CARD | | | |
|--|--|-------------|---|
| CHILD'S NAME | | SEX: | DOB: |
| Home Address | | | <i>Please attach recent photo here.</i> |
| PARENT NAME | | | |
| Phone #s | | | |
| PARENT NAME | | | |
| Phone #s | | | |
| MEDICAL ALERT | | | |
| <i>Pediatrician</i> | | | |
| <i>Phone # / Address</i> | | | |
| <i>#1 Backup Emergency Contact & Relationship Phone # / Address</i> | | | |
| <i>#2 Backup Emergency Contact & Relationship Phone # / Address</i> | | | |
| <i>#3 Backup Emergency Contact & Relationship Phone # / Address</i> | | | |