



# The Village Nursery School

67 Main Street  
Farmington, CT 06032  
(860) 674-9790

## EMERGENCY INFORMATION SHEET

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Mother/Guardian Place of Employment \_\_\_\_\_

Address of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Father/Guardian Place of Employment \_\_\_\_\_

Address of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Dentist's Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Health Insurance Plan \_\_\_\_\_

Health Insurance Plan I.D. Number \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

*If unable to contact parents/guardians, whom we should contact:*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Class \_\_\_\_\_

Date \_\_\_\_\_