

YORKTOWN CENTRAL SCHOOL DISTRICT
Emergency Form
2003-2004 Program

Date: _____

Student _____

Address _____

Home Telephone _____

Mother's Business Telephone _____

Father's Business Telephone _____

EMERGENCY NUMBERS TO CALL IF PARENT NOT AVAILABLE

1. _____
NAME PHONE #

2. _____
NAME PHONE #

3. _____
NAME PHONE #

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Allergies or other Medical Conditions _____

Parents Signature/Date _____

PLEASE RETURN TO:

Mr. Eugene Wolotsky
Assistant Superintendent
For Pupil Services
Yorktown Central School District
46 Triangle Shopping Center
Yorktown Heights, NY 10598