

EMERGENCY CONTACT CARD

SCHOOL YEAR 20__ _ - 20 _ _

| STUDENT INFORMATION | | | | |
|---|---|-----------------------------|--|--|
| Student Last Name Date of Birth (mm/dd/yyyy) Gender | Student First Name OSIS | M.I. | | |
| Parent/Guardian Last Name (Student resides with) Parent/Guardian First Name Relationship | | | | |
| Parent's Preferred Language of Communication (Written) Home Telephone Work Teleph | Parent's Preferred Language of Communic | aation (Oral) | | |
| Email | | | | |
| Address (House Number) City | N Y State Zip Code Borough | Apartment # | | |
| Other Parent/Guardian Last Name | Other Parent/Guardian First Name Other | Relationship | | |
| Other Parent/Guardian's Preferred Language of Communicatio | | ge of Communication (Oral) | | |
| Other Home Telephone Other Work Tother Email | Telephone Other Cell Phone | | | |
| Other Address (House Number) Other City | N Y Cother Zip Code Other Boroug | Other Apartment # | | |
| EMERGENCY CONTACTS | | | | |
| List below names of three (3) persons who may be called in case of emergency or if child is sick in school. CHILD WILL BE RELEASED ONLY TO PERSONS NAMED ON THIS CARD. | | | | |
| Name | Telephone | Relationship | | |
| | | | | |
| | | | | |
| NO ACCESS | | | | |
| If there is a person who may NOT HAVE ACCESS to child, please indicate: | | | | |
| Name | Relationship | Order of Protection Exists? | | |
| | | ☐ Yes ☐ No | | |

| HEALIHIN | IFORMATION | | |
|-------------------|---------------------------------------|--|--------------------------------------|
| Name of Physic | ian/Clinic: | | |
| Health Alert | | | |
| Does child have | any health condition that may affec | | Yes |
| Allergies | | | |
| 504 services for | the current year? Yes 🔲 N | | No |
| My child has (X | any that apply): | insurance | lth insurance |
| If "No Health Ins | surance," are you willing to share co | ntact information from this card to lea | rn about insurance options? Yes 🔲 No |
| | | | |
| If none of the na | amed contacts can be reached, what o | do you wish the school to do if your chil | d is sick or injured? |
| | | nergency case, the judgment of the scoope will be respected as far as possible | |
| SIBLINGS | | | |
| | | | |
| Sibling's Last Na | ime | Sibling's First Name | Sibling's School of Attendance |
| | | | |
| | | | |
| | | | ' |
| | | | |
| SIGNATUR | E OF PARENT/GUARDIAN | | |
| | | | |
| Principal will b | e notified in writing of any change | s to information on this card | |
| | | Signati | ure of Parent/Guardian |
| | | | |
| | | | |
| FOR SCHO | OL USE ONLY | | |
| T. b | ad less ach a all at a CC and be | | |
| • | ed by school staff only. | | |
| Grade | ClassRo | oom NoTeacher | |
| List helow conta | acts made for emergency illness or in | iun, Ralayant racords from Hoalth Box | cord |
| | | • | |
| Date | Contact | Reason | Disposition |
| | | | |
| | | | |

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