

EMERGENCY CONTACTS School Year 2018–2019

Student: Last Name _____ First _____ MI _____ DOB _____ Sex _____

Parent/Guardian (Student resides with): _____ Relationship _____

Preferred Language of Communication: Written _____ Oral _____

Put a "☑" by the person to call first.

Parent/Guardian Name _____ Email _____

Phone #1 _____ Phone #2 _____

Address _____ Apt. _____ Borough _____ Zip _____

Parent/Guardian Name _____ Email _____

Phone #1 _____ Phone #2 _____

Address _____ Apt. _____ Borough _____ Zip _____

List below names of a minimum of three (3) **other** 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 _____

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

If there is a person who may **NOT HAVE ACCESS** to child, please indicate:

Name _____ Relationship _____ Order of Protection Exists? Yes No

HEALTH INFORMATION

Name of Physician/Clinic: _____ Telephone _____

Health Alert

Does child have any health condition that may affect participation in physical activities? Yes No

Limitations (eg., stair climbing, participation in gym) _____

Allergies _____

504 services for the current year? Yes No Previous Year? Yes No

My child has (check any that apply): Private health insurance Medicaid No health insurance

If "No health Insurance," are you willing to share contact information to learn about insurance options? Yes No

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured?

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.

| Siblings: Last Name | First Name | School of Attendance |
|---------------------|------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I understand that changes to information on this card must be completed in writing by the guardian.

Signature of Parent/Guardian

Date