

EMERGENCY CONTACT CARD (PRINT Information)**SCHOOL YEAR 20__to 20__****Student:** Last Name: _____ First: _____ MI: ____ DOB: ____/____/____ Sex: ____ ID _____**Parent/Guardian** (Student resides with): _____ Relationship: _____

Parent's Preferred language of Communication Written: _____ Oral: _____

Home Telephone: _____ Work Telephone: _____ Cell #: _____

E-mail: _____

Address: _____ Apt. _____ Borough: _____ ZIP: _____

Other Parent/Guardian: _____ Relationship: _____

Parent's Preferred language of Communication Written: _____ Oral: _____

Home Telephone: _____ Work Telephone: _____ Cell #: _____

E-mail: _____

Address: _____ Apt. _____ Borough: _____ ZIP: _____

List below names of three (3) ***additional persons who are not listed above*** who may be called in case of emergency or if child is sick in school,

CHILD WILL BE RELEASED ONLY TO PERSONS NAMED ON THE CARD.

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____

Principal will be notified in writing of any changes to information on this _____**Signature of Parent/Guardian****IMPORTANT- PLEASE COMPLETE REVERSE SIDE OF THIS CARD > > > > > > > > > > > > > > > >**

Grade:

Class:

Room No.

Teacher:

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: _____

Allergies: _____

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

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

If "No Health Insurance," are you willing to share contact information from this card to learn about insurance options?

Yes _____

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:** _____

FOR SCHOOL USE-----

List below contacts made for emergency, illness or injury. Relevant records from Health Record _____

Date	Contact	Reason	Disposition
/ /	_____	_____	_____
/ /	_____	_____	_____
/ /	_____	_____	_____