

# EMERGENCY CONTACTS School Year 2020–2021

**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