

EMERGENCY CONTACT CARD SCHOOL YEAR 2016-2017

(Print Information)

STUDENT LAST NAME:	ID#:
FIRST NAME:	Date of Birth:
MIDDLE INITIAL:	Sex:

PARENT/GUARDIAN <small>Student Resides with</small>		Relationship:
Preferred Language of communication:		Written: Oral:
Home Phone:	Work Phone:	Cell Phone:
Home Address:		Apt: Zip: Boro:
E-mail Address:		

OTHER PARENT/GUARDIAN		Relationship:
Preferred Language of communication:		Written: Oral:
Home Phone:	Work Phone:	Cell Phone:
Home Address:		Apt: Zip: Boro:
E-mail Address:		

List 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 _____

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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 card _____

Signature of Parent/Guardian _____

Name of Physician/Clinic _____ Telephone # _____

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

Limitations _____ (e.g., stair climbing, participation in gym)

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 ___ 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 judgement 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

GRADE: _____ **CLASS:** _____ **ROOM #:** _____ **TEACHER:** _____