

## **EMERGENCY CONTACT CARD**

SCHOOL YEAR 20\_\_ \_ - 20 \_ \_

STUDENT INFORMATION				
Student Last Name	Student First Name	M.I.		
Date of Birth (mm/dd/yyyy)  Gender	OSIS	D#		
Parent/Guardian Last Name (Student resides with)	Parent/Guardian First Name Relation	nship		
Parent's Preferred Language of Communication (Written)	Parent's Preferred Language of Communica	ation (Oral)		
Home Telephone Work Teleph	one Cell Phone			
Email				
Address (House Number)		Apartment #		
City	State Zip Code Borough			
Other Parent/Guardian Last Name	Other Parent/Guardian First Name Other	 Relationship		
Other Parent/Guardian's Preferred Language of Communicatio	n (Written)  Other Parent/Guardian's Preferred Langua	ge of Communication (Oral)		
Other Home Telephone Other Work	Telephone Other Cell Phone			
Other Email				
Other Address (House Number)		Other Apartment #		
Other City	State Other Zip Code Other Borough	1		
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 <b>NOT HAVE ACCESS</b> to child, please indicate:				
Name	Relationship	Order of Protection Exists?		
		Yes No		

HEALTH IN	FORMATION			
Name of Physicia	an/Clinic:	Telephone		
		et participation in physical activities? 🗖 Yes	No _(e.g., stair climbing, participation in gym)	
Allergies				
504 services for	the current year?	o Previous Years?		
My child has (X a	any that apply):	insurance	rance	
If "No Health Ins	urance," are you willing to share cor	ntact information from this card to learn abou	ut insurance options?	
If none of the na	med contacts can be reached, what c	do you wish the school to do if your child is sick	cor injured?	
		nergency case, the judgment of the school au ove will be respected as far as possible.	thorities will prevail.	
SIBLINGS				
Ciblingle Last No.		Ciblingle First Name	Ciblingle Cabool of Attondance	
Sibling's Last Nar	me	Sibling's First Name	Sibling's School of Attendance	
CICNIATUD	C OF DARFNIT/CUARDIAN			
SIGNATURI	E OF PARENT/GUARDIAN			
Princinal will be	e notified in writing of any change	s to information on this card		
Trincipal Will be	. Hothica in writing of any change.	Signature of Pa	rent/Guardian	
FOR SCHOO	OL USE ONLY			
To be complete	d by school staff only.			
Grade	ClassRo	oom NoTeacher		
List below contac	cts made for emergency, illness or in	njury. Relevant records from Health Record		
	Contact	Reason	Disposition	
		T. Control of the Con	1	