

**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: \_\_\_\_\_ 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
/ /	_____	_____	_____
/ /	_____	_____	_____
/ /	_____	_____	_____