EMERGENCY CONTACT CARD (Print information) **SCHOOL YEAR 20___ 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 No. ( )_____ E-mail _____
Address _____ Apt. ___ Borough ZIP _____
Other Parent/Guardian: _____ Relationship _____
Parent's Preferred Language of Communication: Written _____ Oral _____
Home Telephone ( )_____ Work Telephone ( )_____ Cell No. ( )_____ E-mail _____
Address _____ Apt. ___ Borough ZIP _____

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 <u>ONLY</u> TO PERSONS NAMED ON THIS 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 card _____
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 _____ (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 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
/ /			
/ /			
/ /			