



Dr. Laura P. Feijóo  
Superintendent of Schools

City School District of New Rochelle  
515 North Avenue  
New Rochelle, NY 10801

### STUDENT EMERGENCY CARD

SCHOOL YEAR: 20\_\_\_\_\_

*It is mandated by state law that we have the following information on file. This information will allow us to contact you or your designee in the event of an accident or illness to your child.*

Magnet

Home Zone School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother/Guardian Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Address (if different from student) \_\_\_\_\_

Father/Guardian Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Home address (if different from student) \_\_\_\_\_

Have phone numbers changed since last year?  YES  NO

Has the above address changed since last year?  YES  NO



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Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

If I cannot be contacted, I authorize the following people to pick up my child in an emergency:

1. Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell #: \_\_\_\_\_

2. Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell #: \_\_\_\_\_

3. Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell #: \_\_\_\_\_

**ARE ANY ORDERS OF PROTECTION, CUSTODY VISITATION RIGHTS, OR RESTRAINING ORDERS IN EXISTENCE? IF SO, THE MAIN OFFICE MUST HAVE A COPY OF COURT PAPERS.**

#### ILLNESS OR INJURY

*If the student becomes ill in school or is injured, the nurse will make every effort to contact you. If she cannot reach you by phone, she will contact your family physician or send the child to the hospital unless you give other instructions. The school in no way assumes financial responsibility.*

\_\_\_\_\_  
Signature of parent/guardian completing this card

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date