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 ID #



**Parent/Guardian Last Name (Student resides with) Parent/Guardian First Name Relationship**



Parent’s Preferred Language of Communication (Written) Parent’s Preferred Language of Communication (Oral) Home Telephone Work Telephone Cell Phone

Email



Address (House Number) Apartment #

  



N Y

City

State

Zip Code Borough

  

**Other Parent/Guardian Last Name Other Parent/Guardian First Name Other Relationship**



Other Parent/Guardian’s Preferred Language of Communication (Written) Other Parent/Guardian’s Preferred Language of Communication (Oral) Other Home Telephone Other Work Telephone Other Cell Phone

Other Email



Other Address (House Number) Other Apartment #

  



N Y

Other City

State

Other Zip Code Other Borough



**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**

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| --- | --- | --- |
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**NO ACCESS**

If there is a person who may **NOT HAVE ACCESS** to child, please indicate:

**Name Relationship Order of Protection Exists?**

|  |  |  |
| --- | --- | --- |
|  |  |  Yes  No |

# IMPORTANT- PLEASE COMPLETE NEXT PAGE > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > >

Updated: 07/16/20

**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 Years?  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**

**Sibling's Last Name Sibling's First Name Sibling's School of Attendance**

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| --- | --- | --- |
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**SIGNATURE OF PARENT/GUARDIAN**

# Principal will be notified in writing of any changes to information on this card

**Signature of Parent/Guardian**

**FOR SCHOOL USE ONLY**

# To be completed by school staff only.

**Grade Class Room No. Teacher**

List below contacts made for emergency, illness or injury. Relevant records from Health Record

**Date Contact Reason Disposition**

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| --- | --- | --- | --- |
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