



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