



The Greenburgh-Graham UFSD
One South Broadway
Hastings-on-Hudson, NY 10706

EMERGENCY INFORMATION SHEET

A parent/legal guardian must complete this form.

Student's Name: _____
Sex: _____ Grade: _____ Date of Birth: ____/____/____
Student lives with: _____ Relationship: _____
Home/Mailing Address: _____
City, State, Zip Code: _____
Home#: (____) _____ - _____ Work#: (____) _____ - _____, ext. _____ Cell#: (____) _____ - _____
E-mail Address: _____
Insurance Company: _____ Policy#: _____
Medicaid#: _____ Blue Cross/Shield#: _____

EMERGENCY CONTACT INFORMATION

List a friend or relative to contact if the parent/guardian cannot be reached.

1. Name: _____
Relationship: _____ Telephone#: (____) _____ - _____
2. Name: _____
Relationship: _____ Telephone#: (____) _____ - _____
Name of Family Physician or Pediatrician: _____
Address: _____
City, State, Zip Code: _____
Telephone#: (____) _____ - _____

Consent for Medical and Emergency Treatment

I give my permission for the school nurse to administer First Aid as needed. In an urgent situation, every effort will be made to contact the parent/guardian and family physician immediately. In the event that neither can be reached promptly, I hereby give the school authority to obtain the necessary Emergency Medical Treatment for my child with the understanding that the family will be notified as soon as possible.

Allergies: _____

Other Conditions: _____

Parent/Legal Guardian:

Print Name

Signature

Date: ____/____/____

Comments: