



STUDENT INFORMATION/EMERGENCY CARD

SCHOOL YEAR ____/____

Dear Parent or Guardian:

eSchool	Student # _____	Grade _____
Office Use	Homeroom _____	Walker _____ Bus # _____

Please PRINT all information requested below and return this form to your child's school. Changes should be reported promptly.

Student's Name _____ Address _____

City _____ Zip _____ Home Phone _____

Guardian #1 Name _____ Where Employed _____

Guardian #1 Home Address _____ City _____ Zip _____

Work Phone _____ Cell Phone _____ Email Address _____

Guardian #2 Name _____ Where Employed _____

Guardian #2 Home Address _____ City _____ Zip _____

Work Phone _____ Cell Phone _____ Email Address _____

Every effort will be made to reach you in case of an emergency involving your child. Please list below the name, address and phone number of someone school personnel may contact in the event you cannot be reached.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Release my child ONLY to the following adults. ID required.

Custody concerns REQUIRE a Court Order, Order of Protection or legal documentation. Special instructions/restrictions: _____ _____
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In the event of an extreme emergency, and none of the individuals on this card can be contacted, school authorities will call the nearest school doctor or send the pupil to the nearest hospital.

Student's Doctor _____ **Address** _____ **Phone** _____

Please instruct your child where you want him/her to go in case of an emergency school closing during the school day due to fire, snowstorm, power failure, water main break, etc. Your child should know whether to go home, to a relative, to a neighbor or follow other instructions that you have given.

THANK YOU FOR YOUR COOPERATION. RECORD YOUR CHILD'S EMERGENCY PROCEDURE BELOW. PLEASE CHECK ONE:

Go Home Go to a Relative Go to a Neighbor Other, _____

Child Going to: Name _____ Phone _____

Address _____ City _____ Zip _____

Yes No I authorize the release and exchange of my child's educational and health information to the staff of Say Yes to Education to assist in coordination of community supports for the benefit of my child's educational achievement. Those employees receiving information under this release understand that this information is protected under state and federal law. They are not authorized to release this information to another person/entity unless specific written consent is obtained from the parent/legal guardian.

Yes No I hereby give my permission to the Syracuse City School District, its agents, successors, assigns, clients and users of its services and/or newspapers, radio, television to use my (or my child's) photograph (whether still, motion or television) and recordings of my (or his/her) voice and my (or his/her) name in any legal manner whatsoever.

Parent/Guardian Signature

Date