EMERGENCY CONTACT CARD (Print information) **SCHOOL YEAR 201___ to 201___**

Student: Last Name_____ First _____ MI ____ DOB _____ Sex ___ ID# _____
Parent/Guardian (Student resides with): _____ Relationship _____
Parent's Preferred Language of Communication: Written _____ Oral _____
Home Telephone ( )_____ Work Telephone ( )_____ Cell No. ( )_____ E-mail _____
Address _____ Apt. ___ Borough _____ ZIP _____
Other Parent/Guardian: _____ Relationship _____
Parent's Preferred Language of Communication: Written _____ Oral _____
Home Telephone ( )_____ Work Telephone ( )_____ Cell No. ( )_____ E-mail _____
Address _____ Apt. ___ Borough _____ ZIP _____

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 _____
Name _____ Telephone ( )_____ Relationship _____
Name _____ Telephone ( )_____ Relationship _____

If there is a person who may NOT HAVE ACCESS to child, please indicate:
Name _____ Relationship _____ Order of Protection Exists? Yes ___ No ___

Principal will be notified in writing of any changes to information on this card _____
Signature of Parent/Guardian

IMPORTANT- PLEASE COMPLETE REVERSE SIDE OF THIS CARD >

Grade _____ Class _____ Room No. _____ Teacher _____

25-2290.00.3 (4000 Pkgs) 01/12 **New York City Department of Education**

Additional Contact Information: Reminder CHILD WILL BE RELEASED **ONLY** TO PERSONS NAMED ON THIS CARD.

Name_____ Telephone # _____ Relationship_____
Name_____ Telephone # _____ Relationship_____
Name_____ Telephone # _____ Relationship_____
Name_____ Telephone # _____ Relationship_____