

(For School Use Only)

<b>TRANSPORTATION</b>	Teacher: _____ Student Class _____
<input type="checkbox"/> Bus # _____ <input type="checkbox"/> Parent pickup <input type="checkbox"/> JCC <input type="checkbox"/> Goodhue	

PS 65  
The Academy of Innovative Learning

"Where Every Student is a CHILD OF PROMISE"



**EMERGENCY INFORMATION FORM**  
**PLEASE PRINT ALL INFORMATION CLEARLY AND LEGIBLY**

<b>STUDENT</b>				<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Last Name	First Name	Middle Name		
<b>RESIDENTIAL ADDRESS</b>					
	Number	Street	City	State	Zip
<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Partner	Name			Home Phone	
Cell Phone		Bus. Phone		E-mail	
<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Partner	Name			Home Phone	
Cell Phone		Bus. Phone		E-mail	
Parent's Preferred Language of Communication		Written	Spoken		
<b>Medical Alert:</b>	My child has the following medical condition: _____ and I will obtain the correct authorization forms from the school office for treatment.				
<b>BOTH NATURAL PARENTS WILL HAVE CUSTODY OF THIS CHILD UNLESS THERE IS A NEW YORK COURT ORDER TO THE CONTRARY. BOTH NATURAL PARENTS RETAIN FULL ACCESS RIGHTS TO SCHOOL RECORDS AND REPORTS UNLESS OTHERWISE RESTRICTED BY A SPECIFIC COURT ORDER.</b>					
<input type="checkbox"/> <b>RED FLAG – Must provide Court documentation</b>					
<i>It is understood that in the final disposition of an emergency case the final judgment of the school authorities will prevail. The recommendation of the parent or guardian will be respected as far as possible. If at any time the above information must be changed, I will notify the Principal in writing.</i>					
<i>Please make sure that your contacts are in the vicinity of the school and please do not list minors as by law the school is not permitted to release students to anyone under the age of 16.</i>					
<b>Person(s) listed below may be released or assume responsibility in case of emergency if I cannot be reached</b>					
	<b>Name</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	
Parent's or Guardian's Signature		Date	Occasionally, media representatives come into our building to take photographs of various classroom activities. <u>If you do not want your child's picture released to the media during this school year, please indicate below.</u>		
			<input type="checkbox"/> <b>I do not want my child to have his/her picture published in the media.</b>		
			Parent initial _____		

## HEALTH INFORMATION

Physician's Name		Physician's Telephone	
Does your child have any health condition that may affect participation in physical activities?    Yes <input type="checkbox"/> No <input type="checkbox"/> Limitations: _____ Allergies: _____  Please note: It is the responsibility of the parent/guardian to contact the School Nurse directly, each school year, for medical interventions/treatments requested for their child.			
504 Services for the current year?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Previous year?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
My child has	Private Insurance <input type="checkbox"/>	Medicaid <input type="checkbox"/>	No health insurance <input type="checkbox"/>
If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured?  _____  _____			
<b><i>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.</i></b>			
<b>SIBLINGS</b>			
<b>Last Name</b>	<b>First Name</b>	<b>School of Attendance</b>	
***Please bring to our attention any changes that have been made from the prior year. For example, if you have changed your phone number, please let us know so that it can be changed in the computer. Also, if your address has changed, we need proof of the new address. Required proof of NYC residence (any of the two): <ul style="list-style-type: none"> <li>➤ Utility bill</li> <li>➤ Water bill</li> <li>➤ Original lease agreement, deed or mortgage statement for the residence</li> <li>➤ Current property tax bill for the residence</li> <li>➤ Official payroll document from an employer (example: payroll receipt)</li> <li>➤ Document of letter from a federal, state, or local government agency indicating the resident's name and address.</li> </ul>			



## INFORMACIÓN DE SALUD

Nombre de Médico		Teléfono de Médico	
¿Su hijo tiene alguna condición de salud que puede afectar la participación actividades físicas?    Si <input type="checkbox"/> No <input type="checkbox"/>			
Limitaciones: _____			
Alergias: _____			
Tenga en cuenta: Es la responsabilidad del padre/tutor para ponerse en contacto con la enfermera de la escuela directamente, cada año escolar, para intervenciones médicas/tratamientos solicitados para su hijo.			
Servicios de 504 para este año en curso?		Si <input type="checkbox"/>	No <input type="checkbox"/>
Año Anterior?		Si <input type="checkbox"/>	No <input type="checkbox"/>
Mi hijo tiene	Seguro Privado <input type="checkbox"/>	Medicaid <input type="checkbox"/>	Sin seguro de salud <input type="checkbox"/>
Si ninguno de los contactos nombrados se puede contactar, ¿qué es lo que desea la escuela debe hacer si su hijo está enfermo o lesionado?			
<b><i>Se entiende que en la disposición final de un caso de emergencia, a juicio de las autoridades de la escuela va a prevalecer. La recomendación de los padres, como se indica más arriba se respetará en la medida de lo posible.</i></b>			
<b>HERMANOS</b>			
<b>Apellido</b>	<b>Primer Nombre</b>	<b>Escuela Que Asiste</b>	
***Favor de traer a nuestra atención los cambios que se han hecho desde el año anterior. Por ejemplo, si usted ha cambiado su número de teléfono, por favor, háganoslo saber para que pueda ser cambiado en nuestro Sistema de computadoras. Además, si su dirección ha cambiado, necesitamos pruebas de la nueva dirección. Prueba requerida de la ciudad de Nueva York residencia (cualquiera de los dos):			
<ul style="list-style-type: none"> <li>➤ Cuenta de servicios públicos</li> <li>➤ Recibo de Agua</li> <li>➤ Contrato de alquiler original, título de propiedad o declaración de hipoteca para la residencia</li> <li>➤ Impuesto a la propiedad actual de la residencia</li> <li>➤ Documento oficial de nómina de un empleador (ejemplo: recibo de nómina)</li> <li>➤ Documento de carta de una agencia del gobierno federal, estatal o local, indicando el nombre y dirección del residente</li> </ul>			