EMERGENCY CONTACT CARD

Department of Education

SCHOOL YEAR 20__ __ – 20 __ __

STUDENT INFORMATION

Student Last Name | **Student First Name** | **M.I.**

Date of Birth (mm/dd/yyyy) | Gender | OSIS ID #

Parent/Guardian Last Name (Student resides with) | **Parent/Guardian First Name** | **Relationship**

Parent's Preferred Language of Communication (Written) | Parent's Preferred Language of Communication (Oral)

Home Telephone | Work Telephone | Cell Phone

Email

Address (House Number) | Apartment #

City | N Y State | Zip Code | Borough

Other Parent/Guardian Last Name | **Other Parent/Guardian First Name** | **Other Relationship**

Other Parent/Guardian's Preferred Language of Communication (Written) | Other Parent/Guardian's Preferred Language of Communication (Oral)

Other Home Telephone | Other Work Telephone | Other Cell Phone

Other Email

Other Address (House Number) | Other Apartment #

Other City | N Y State | Other Zip Code | Other Borough

EMERGENCY CONTACTS

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

NO ACCESS

If there is a person who may **NOT HAVE ACCESS** to child, please indicate:

Name	Relationship	Order of Protection Exists?
		■ Yes ☐ No

IMPORTANT- PLEASE COMPLETE NEXT PAGE >

Updated: 07/16/20

HEALTH INFORMATION

Name of Physician/Clinic: _____ Telephone _____

Health Alert

Does child have any health condition that may affect participation in physical activities? ■ Yes ☐ No

Limitations _____ (e.g., stair climbing, participation in gym)

Allergies _____

504 services for the current year? ■ Yes ☐ No Previous Years? ■ Yes ☐ No

My child has (X any that apply): ❑ Private health insurance ❑ Medicaid ❑ No health insurance

If "No Health Insurance," are you willing to share contact information from this card to learn about insurance options? ■ Yes ☐ No

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured?

_____

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.

SIBLINGS

Sibling's Last Name	Sibling's First Name	Sibling's School of Attendance

SIGNATURE OF PARENT/GUARDIAN

Principal will be notified in writing of any changes to information on this card _____

Signature of Parent/Guardian

FOR SCHOOL USE ONLY

To be completed by school staff only.

Grade _____ Class _____ Room No. _____ Teacher _____

List below contacts made for emergency, illness or injury. Relevant records from Health Record _____

Date	Contact	Reason	Disposition