

EMERGENCY CONTACT INFORMATION

SCHOOL YEAR _____ CLASS _____

STUDENT'S LAST NAME _____ FIRST NAME _____ DATE OF BIRTH ____/____/____

STUDENT'S ADDRESS _____ BRONX, NY 104 _____

STUDENT'S HOME TELEPHONE NUMBER _____ SEX M ___ F ___

MOTHER'S NAME _____ DOES MOTHER LIVE WITH STUDENT? _____

IF NOT, MOTHER'S HOME ADDRESS _____ HOME PHONE _____

MOTHER'S WORK NUMBER _____ MOTHER'S CELL PHONE NUMBER _____

FATHER'S NAME _____ DOES FATHER LIVE WITH STUDENT? _____

IF NOT, FATHER'S HOME ADDRESS _____ HOME PHONE _____

FATHER'S WORK NUMBER _____ FATHER'S CELL PHONE NUMBER _____

HEALTH INFORMATION ALLERGIES? YES _____ NO _____ IF YES, TO WHAT _____ ASTHMA? YES _____ NO _____

Any health conditions that may affect participation in physical activities? YES _____ NO _____ Limitation _____
(e.g. stair climbing, participation in gym)

Have you submitted a 504 application for this school year? YES _____ NO _____ Was it approved? YES _____ NO _____

Please list below names of three (3) relatives or friends who may be called in case of emergency or if child is sick. You will be authorizing permission for your

CHILD TO BE RELEASED ONLY TO PERSONS NAMED ON THIS CARD (You may add additional names to back of card).

Name _____ Relationship _____ Phone (____) _____ Cell No. (____) _____

Name _____ Relationship _____ Phone (____) _____ Cell No. (____) _____

Name _____ Relationship _____ Phone (____) _____ Cell No. (____) _____

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

Name _____ Relationship _____ Order of Protection YES _____ NO _____

Name _____ Relationship _____ Order of Protection YES _____ NO _____

Additional Emergency Contact People: (Three contacts MUST be listed on front of card, additional names are optional)

Name _____ Relationship _____ Phone (____) _____ Cell No. (____) _____

Name _____ Relationship _____ Phone (____) _____ Cell No. (____) _____

Name _____ Relationship _____ Phone (____) _____ Cell No. (____) _____

Name of Pediatrician _____ Phone _____

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

It is understood that in the final disposition of an emergency case, the judgement of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.

The Principal MUST be notified in writing of any changes to information on this card.

Signature of Parent/Guardian _____ Date _____

Additional Comments: _____

Please list all school-age siblings:

Name _____ School _____

Name _____ School _____

Name _____ School _____

Name _____ School _____
