

EMERGENCY CONTACT CARD

School Year 2014 - 2015

(Print Information)

Grade: _____ Class: _____ Room: _____ Teacher: _____

Student: Last Name _____ First _____ MI _____ DOB: _____ Sex _____

Parent/Guardian (Student resides with): _____ Relationship: _____

Parent's Preferred Language of Communication: Written _____ Oral _____
Home _____ Work _____

Telephone () _____ Telephone () _____ Cell No. () _____ e-mail: _____

Address _____ Apt: _____ Borough _____ Zip _____

Other Parent/Guardian _____ Relationship: _____

Parent's Preferred Language of Communication: Written _____ Oral _____
Home _____ Work _____

Telephone () _____ Telephone () _____ Cell No. () _____ e-mail: _____

Address _____ Apt: _____ Borough _____ Zip _____

List below names of three (3) persons who may be called in case of emergency of 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 _____

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 Year? Yes _____ No _____

My child has (X any that apply): Private Health Insurance _____ ; Medicaid _____ ; No health insurance _____

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: Last Name	First Name	School they Attend
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR SCHOOL USE

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

Date	Contact	Reason	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Signature of Parent/Guardian _____