

New York City Department of Education  
Educational Vision Services. 400 First Ave. NY, NY 10010

**O&M Safety Information**

**Student Name** \_\_\_\_\_

**O&M Instructor** \_\_\_\_\_

**School Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**School Contact** \_\_\_\_\_ **School Phone** \_\_\_\_\_

**Parent or Emergency Contact:**

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Student Alerts/Medications:**

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