

EMERGENCY CONTACT CARD

(please print information)

SCHOOL YEAR 20____ to 20____

STUDENT: Last Name _____ First Name _____ MI _____

DOB ____/____/____ Sex _____ ID (OSIS) # _____ -- _____ -- _____ Grade _____ Official Class _____

PARENT/GUARDIAN (Student lives with) _____ Relationship _____

Address _____ Apt # _____ Borough _____ Zip _____ - _____

Home Telephone (____) _____ - _____ Work (____) _____ - _____ ext _____ Cell (____) _____ - _____

Parent's **Preferred Language** of Communication: Written _____ Oral _____ E-mail Address _____

Other Parent/Guardian: _____ Relationship _____

Address _____ Apt # _____ Borough _____ Zip _____ - _____

Home Telephone (____) _____ - _____ Work (____) _____ - _____ ext _____ Cell (____) _____ - _____

Parent's **Preferred Language** of Communication: Written _____ Oral _____ E-mail Address _____

List below 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 _____ Relationship _____ Telephone (____) _____ - _____

Name _____ Relationship _____ Telephone (____) _____ - _____

Name _____ Relationship _____ Telephone (____) _____ - _____

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

Name _____ Relationship _____ Order of Protection? Yes _____ No _____

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

Signature of Parent/Guardian

IMPORTANT – PLEASE COMPLETE REVERSE SIDE OF THIS CARD

HEALTH INFORMATION

Name of Physician/Clinic _____ Telephone (_____) _____ - _____

Health Alert

Does child have any health conditions that may affect participation in physical activities? Yes _____ No _____

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

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 "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: Last Name First Name School of Attendance

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR SCHOOL USE

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

Date	Contact	Reason	Disposition
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____