

EMERGENCY CONTACT CARD

School Year 2017-2018

Student's Name _____ Student's Class _____

Adult(s) student lives with:

Guardian #1 _____ Relationship to student _____

Guardian #2 _____ Relationship to student _____

Street Address _____ Apt # _____ NY, NY Zip _____

Please provide ALL phone numbers and email addresses below: (put X by person and number to call first)

Guardian #1 Home _____ Cell _____ Work _____

Guardian #2 Home _____ Cell _____ Work _____

Guardian #1 Email _____

Guardian #2 email _____

<u>Sibling Name</u>	<u>School</u>	<u>Sibling Name</u>	<u>School</u>
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_____	_____	_____	_____
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List below (3) OTHER adults who may be called in case of emergency, or if student is sick. Student will be released ONLY to adults listed unless otherwise notified in writing. We strongly suggest that one emergency contact be another PS 343 family or live nearby.

Name _____ Relationship _____

Phone #1 _____ Phone #2 _____ Email: _____

Name _____ Relationship _____

Phone #1 _____ Phone #2 _____ Email: _____

Name _____ Relationship _____

Phone #1 _____ Phone #2 _____ Email: _____

If none of the above named contacts can be reached, what do you want the school to do in case the student 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.

My child has: Private Health Insurance ___ Medicaid ___ Child Health Plus ___ No health insurance ___

If "no health insurance", please check here ___ if you are willing to share contact information from this card to learn about insurance options.

Allergies: _____

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

Limitation(s): (ie. Stair climbing, participation in gym): _____

Student's Physician/Clinic: _____ **Phone #** _____

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

Name _____ Relationship _____

Order of Protection Yes No

I will notify the School Secretary in writing of changes to this information. _____

(Signature of Parent/Guardian)