

EMERGENCY CONTACT CARD

School Year 2016-2017

Student's Name _____ Student's Class _____

Adult(s) student lives with:

Guardian #1 _____ Relationship to student _____

Guardian #2 _____ Relationship to student _____

Street Address _____ Apt # _____

City, State, 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 _____

Languages spoken at home: _____

Siblings: First Name _____ Last Name _____ School of attendance _____

List below (2) 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: _____

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.

<p>Allergies: _____</p> <p>Does child have any health conditions that may affect participation in physical activities? Yes _____ No _____</p> <p>Limitation(s): (ie. Stair climbing, participation in gym): _____</p> <p>504 Services current year Yes _____ No _____ 504 Services previous year Yes _____ No _____</p> <p>Student's Physician/Clinic: _____ Phone # _____</p>

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)

DISMISSAL ROUTINE for: _____

Please complete this form and return to your child's teacher by Monday, September 12th, 2016.

Dismissal is at 2:40pm outside the school entrance on 1 Peck Slip, rain or shine. Please be on time!

Please make sure we know your child's dismissal routine for each day:

- If your child attends after-school at Peck Slip, please write "Manhattan Youth."
- If your child will be picked up by a different after-school program, please indicate the name of the program and include a contact phone number.
- If your child will be picked up by you or another caregiver, please indicate the person's name and include contact information (cell phone number is ideal).
- **Please inform us IN WRITING when there is a change in this schedule.** This is particularly important if your child takes the bus. When there is a change in your child's bus routine, **please send a note to the teacher.**
- **If your child has a last minute dismissal change, please call the school. Do not count on anyone receiving last minute emails.**
- Finally, if you or your caregiver is running late, please call the school so we know when to expect someone and can alleviate your child's worries. **In general, please do not be late. We do not provide child care past dismissal.**

DAY OF WEEK	Person picking up/Cell Phone #
MONDAYS	
TUESDAYS	
WEDNESDAYS	
THURSDAYS	
FRIDAYS	

Please indicate the name, number, and relationship of any other additional people authorized to pick up your child after school. We recommend including at least one other Peck Slip parent.

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship

Parent/Guardian Signature _____